S. HRG. 101-675

THE HOMELESS SITUATION IN MICHIGAN

HEARING

BEFORE THE

COMMITTEE ON
BANKING, HOUSING, AND URBAN AFFAIRS
UNITED STATES SENATE

ONE HUNDRED FIRST CONGRESS

SECOND SESSION

ON

TESTIMONY FROM HOMELESS INDIVIDUALS AND REPRESENTATIVES OF AGENCIES HELPING HOMELESS PEOPLE

MARCH 26, 1990—DETROIT, MI

Printed for the use of the Committee on Banking, Housing, and Urban Affairs

U.S. GOVERNMENT PRINTING OFFICE
29-846 WASHINGTON : 1990

S241-40

For sale by the Superintendent of Documents, Congressional Sales Office
U.S. Government Printing Office, Washington, DC 20402

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THE HOMELESS SITUATION IN MICHIGAN

MONDAY, MARCH 26, 1990

U.S. SENATE,
COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS,
Detroit, MI.

The committee met at 10:05 a.m., at Mercy College, Senator Donald W. Riegle, Jr. (chairman of the committee) presiding.

Present: Senator Riegle.

OPENING STATEMENT OF CHAIRMAN RIEGLE

The CHAIRMAN. Let me welcome everyone that is in attendance and thank you all for coming. I think the number of people in this room makes a very powerful statement about the issue that that brings us together today and that is the issue of homelessness in our society and how widespread it is, how terribly cruel it is in terms of its impact on people of all ages and all circumstances.

We are going to spend our hearing today examining this problem in careful detail.

We are going to talk to people and hear testimony from people who themselves are homeless. They know what it's like from personal experience and can tell us something of what it's like for tens of thousands, hundreds of thousands, millions of other people in our society in circumstances similar to theirs.

I am sure there are other homeless persons in our audience who are not scheduled to be witnesses who are here to give witness by their very presence.

I want to say several things at the outset.

First, I want to thank Mercy College for their generous willingness to let us come in and hold this official Senate hearing on the premises today. We are very grateful for that.

I want to also say to Sue Bolita and Max Hazel who are here and who are assisting us with sign reading for the hearing impaired. We appreciate very much their help today and their presence with us.

There are a number of people who are here and have statements that they want to make and be part of the record.

We have a series of witnesses that have been scheduled today and we want to proceed in a fashion that allows the witnesses testimonies to be given. We have others that I want to make reference right now that we will make part of our hearing record.

I have a statement from Erma Henderson, immediate past president of the Detroit City Council, that addresses this issue in some detail and makes a number of important observations and recommendations and we are very pleased to receive that statement from Erma Henderson. We will make that part of our hearing record.

We have a statement from New Detroit. It's a very important statement and we will make that a part of the committee record as well.

We may, at the end of the period of time we have gone through our scheduled witnesses, we may ask others who are here who want to give statements of one kind or another to do so, I invite any and all statements that anyone has to give, to be part of the hearing record.

I have a statement in a series of information items from the Jewish War Veterans who are very actively involved as well in trying to help combat the problems of homelessness. We will also be making that part of the hearing record this morning.

Let me suggest to others that I have staff members over at the side of the room and that anybody else who has a statement of that sort to give or who wants to give a statement that we could take down in writing. We will have someone sit down and actually take down your comments and we will put all of those in our hearing record. We welcome them and want to have them.

I am told that Gloria Wise who is in our audience has got a call; that she call her office right away.

Now, I want to acknowledge the people who are with me on the dais.

To my right is Tim McNeely. Tim is based here in the State of Michigan in my Senate office. Tim has been heading up our Homeless Task Force effort now for a very substantial part of the last year and now into this year. We have set up a Homeless Task Force throughout the State of Michigan. We have had a series of 26 meetings of which this is a culminating meeting at this stage and Tim has spearheaded that effort and has been in charge of that effort with the help of others.

On my left is seated Kevin Chavers. Kevin serves as counsel on the Senate Banking Committee, with the direct responsibility for housing programs and housing assistance in all forms. He will be the central figure on the committee representing me as Chairman, in dealing with the housing legislation that is now before the committee, and on other housing-related matters that we must deal with. I am very pleased that Kevin is here from Washington today to take part as well.

With that I have a brief opening statement that I want to give and we will start on our witnesses.

This morning we're going to begin by hearing from three Michigan homeless persons. We are going to hear from Sherry Brantley who is here with her children. We're very pleased that she's come today. Mr. Tom Rybinski and Mr. Charles Winters.

They are three individuals that represent thousands of others and I salute them for being willing to come today and give us what insight they can so that we can understand the dynamics of this problem. Any one of us in this room is susceptible to finding ourselves in this situation.

Then we will hear from 6 Michigan social service providers. I won't say their names now; I will wait until we introduce them.

They are here to help us understand and in turn combat the human tragedy of homelessness.

It is estimated that some 730,000 Americans are homeless on any given night. Between a million-three and two million of our people experience homelessness across America each year.

I think as a nation we have a moral responsibility to see to it that all Americans have a safe and decent and affordable place to live and I underline all Americans, every single last one wherever they are, whatever their age and whatever their circumstances.

As Chairman of the Senate Banking, Housing and Urban Affairs Committee I have been seeking input from individuals throughout the nation and in the State of Michigan on how best to solve the homelessness problem.

Estimates of the homeless people in Michigan alone range as high as 90,000. We don't know the precise number.

In August of last year, I formed a special Homelessness Task Force to help evaluate how effectively we are addressing the issue of homelessness through our governmental programs.

The Task Force has conducted meetings in 26 communities throughout the State to seek the input of local citizens on how the issue of homelessness is being addressed in their communities and to gain their assessment of the effectiveness of the Federal Government's response in meeting the needs of homeless people.

Additionally, I've been seeking the input on the current housing legislation that is pending before our Senate committee.

Over 400 individuals have participated in these meetings and many, of course, who are in the room today and I thank you for your participation.

The meetings have included business leaders, bankers, lawyers, public housing authorities, homeless advocates, as well as local citizens and local government officials, many homeless people and others.

To those individuals who have shared their time and opinions with me I want to express my deep appreciation. You've given us very important insight on the level closest to the need.

Now, the Senate Banking Committee thru the Housing Subcommittee has jurisdiction over many of the housing programs authorized under the Stewart B. McKinney Homeless Assistance Act of 1987, which is the Federal law that is now in place.

The passage of the McKinney Act in 1987 was a key step in the effort by Congress to address the needs of homeless people. Whereas we continue to see an increasing number of people living on hot air grates and in cardboard boxes and under bridges, or wherever they can find a place to get in out of the rain or cold, we know we must seek expanded solutions as a country.

Housing legislation is a top priority in the committee this year. In fact, we are scheduled to mark up the National Affordable Housing Act in our committee on May 2.

This hearing will lay a foundation of information that we will use in drafting the legislation for that May 2 markup.

The National Affordable Housing Act will modify and strengthen the McKinney programs and will increase housing assistance for homeless people.

I have also introduced the Homeless Outreach Act of 1990, S. 2307. This legislation would require the Social Security Administration to reach out to homeless people who are elderly, blind, and have any disability and who are eligible today under the law for a modest level of Social Security income benefits. This legislation would see to it that they actually get this assistance that will enable them to hold body and soul together.

I might say, parenthetically, within our Social Security System, of course, we don't just have retirement benefits; we have other benefits that can apply during a person's lifetime or a person who undergoes an extraordinary setback and who, therefore, needs and is eligible for that help and we pay into the Social Security System in part to cover that kind of a national requirement. We do it for ourselves and for our family members and we do it for everybody in the society as part of the working practice of our country and we do it precisely to have available monies that can assist people who fall into those categories where they cannot work and otherwise cannot have any form of income, to just keep body and soul together. We build up those benefits precisely as I have said because there is a need that we know will occur in our society. We want the people who experience this need and are eligible and receive these benefits. Many today do not because they don't know about them. The Social Security Administration is not really given the charter to go out in an aggressive way and identify those individuals.

In many cases those individuals, as we know from our own experience, are homeless and have no address. They have no way to understand or to go through the normal kind of paper processing work that is required to establish their eligibility for this modest level of help. But it's there for a reason and so we need to facilitate the connection between that level of assistance and the people who are out there, eligible for it and needing it and so this legislation would do that.

It would charge the Social Security with conducting a serious and sustained outreach effort that would enable us to get this level of assistance to people who, today, should be receiving it but are not.

Finally, as we continue to search for a way to address the issue of homelessness, as well as the need for affordable housing, I feel it is important to hear from those who are most directly affected by the enactment of any such legislation.

The witnesses testifying before this Committee today will provide several perspectives. Three of today's witnesses are people who are themselves homeless while the remaining witnesses are on the front line in trying to meet the needs of the homeless people.

I want to just say before calling on our first witness how much I appreciate all of you being here today. It is particularly difficult for some of you to do that and I appreciate it and this country is served by your willingness to come and be here.

So, let us start now with our witnesses. Let me start with Sherry Brantley who has come over from Lansing. She has spent time in a shelter in Detroit and in Lansing in a private home.

You're now living in housing, living independently and you are going to testify about some of the unique problems women with children face when they become homeless. We see that you've got your three little girls with you today and we're just so delighted that they're here and that you're here and we appreciate your willingness to come and give us needed insight.

By the way I want you to notice that we're having to open up the back of this room because ever single seat in this room has been taken and it is very important, I think that this be observed because this is an important problem and this turnout today is an illustration of its importance and of the seriousness with which it is taken by a very large group of people who continue to grow as we start this hearing this morning so I want to make sure that we get that door folded back as well that you are able to hear in the back of the room.

I will ask that you speak right into the mike. The closer you get the better you will be heard and you should pull it right up to you and I will ask you to speak slowly as well so that our record taker can take it down.

With that why don't you go ahead.

STATEMENT OF SHERRY BRANTLEY

Ms. BRANTLEY. My name is Sherry Brantley. I am a 30-year-old mother with three daughters whose ages are 2, 4 and 6.

First of all, I want to thank you, Senator Riegle, for giving me the opportunity to speak of my homelessness experience. Believe me, leaving home and finding yourself looking for shelter can be devastating for anyone, especially for a woman with three small children.

Because I had previously been employed and self-sufficient, I was not prepared to be thrown into a homeless situation and its experiences it afforded me. Due to a failed marriage, in which my husband had started to abuse alcohol, I found myself in a situation in which I had no control. The only solution was for me to take my young girls and leave before the physical abuses became a part of my regular life. We went to a Detroit shelter. At that time I was seven months pregnant with my third child.

One does not realize how ill equipped some facilities are in dealing with the growing problem of homelessness, until you find yourself having to utilize their services. Many families are crowded into facilities which are too small to accommodate them. I have no idea how my children were affected by this experience, but at times, their behavior was erratic and they were understandably frightened. My two girls and I were placed in a small room with two other families. The pre-natal care medication I was taking at the time was taken from me and dispensed at regular intervals. I would like add that for some reason that medication was never returned to me and they never told me why. All the placements had to be up and out of the rooms by 8:30 a.m. This wasn't a problem for me, but for security reasons, no one was allowed to go back into the rooms until 8:30 that night. We were discouraged from leaving the building because we were told at the time if we did there was a chance that our room would not be available when we got back. This meant I had to spend approximately 12 hours a day in an overcrowded smoke-filled lobby with two pre-schoolers and myself 7 months pregnant at the time. The other families and single people engaged themselves in various activities to pass the time. These activities including playing cards, drinking, smoking, cursing and being disrespectful to others. The reason I say that is because a snide sexist remark was made to my daughter, even though she was only 3½ years old at the time.

While I was in the shelter, I was told by my social worker that my husband had been spoken to and that if I should decide to go back home that he would not be there. Although I was reluctant to return, I was told that at this stage of my pregnancy I needed to be in my own home with my two girls. We went back home and to my dismay he was still there. Shortly after that I decided to move completely out of the city because I thought it would be best to put some distance between myself and my husband.

My plans were to leave my home in Detroit to go to the home of a friend who lived in the Lansing area. Although I was able to stay with my friend for a couple of weeks, as you can imagine, it is not an easy task for someone to take in an entire family that no longer has an income. So, again, I was homeless, seeking shelter for myself and my two girls. Again, hopelessness, despair and the fear of the unknown are just a few of the feelings that raged within me again.

Being unfamiliar with the area, I went to the local Department of Social Services seeking assistance. It was there that I was referred to the Eaton Shelter Program, a program where private homes are utilized as shelters. Private homes are used because, as in other rural areas, there is just no other shelter system available to assist the homeless. Through this program, which I understand is the only one of it's kind in Michigan, I was matched with a family who genuinely cared for their placements. Although I can appreciate the work done by city shelters, this was quite a different experience all together. They were truly concerned for my family, and I was able to receive the type of one-on-one support that is simply not available in big city shelter programs.

During my stay with this couple I sought suitable low-income housing, which is easier said than done. In many cases, rents exceeded the monthly allotment which is paid through Department of Social Services. Others did not allow children and some who did, only allowed two and I had three. It was explained to me there has to be a certain amount of square footage for each child in the home. When a home was found to be affordable, the homes were below housing codes, and in drug-infested neighborhoods. Being temporarily unemployed, or homeless, should not mean having to be forced to move into that type of environment.

After 6 months of searching, I put a deposit and 1 month's rent on a home I had never seen, because my extension at the foster home had expired. I was almost $100 short of what was allowed to me for a security deposit through Department of Social Services and our kind foster family, who had already done so much for me and my girls, loaned me the entire amount that I was short. Even today, we continue to stay in touch with each other. I am glad to say that even it was sight unseen, the home is nice, with enough space for my family and with decent neighbors. But in order for it to be released to me, I had to agree to pay more rent than is allowed through Department of Social Services. I also had to make this agreement even before finding out what my actual monthly allotment would be. Therefore, I am forced to use monies from my personal needs to cover the difference. At times I have not been able to pay the full rent, and I know that to fall behind could mean homelessness for me and my girls again. All utilities are vendored, but I continue to receive shut off notices for my electric, water and gas usage. I am told whenever I call these companies that although everything is vendored, I still have to make payments on my own to insure having them. This is quite difficult when the only income you have is A.D.C.

In my case I do have marketable skills that would allow me to return to the work force. In fact, the company that I previously worked for told me that I could transfer to their company here in the Lansing area. But before I can do that, I must first find a way to solve the problems I would encounter regarding transportation and child care. I would like to be able to say that I can and I will overcome these obstacles and make a successful life for me and my family. But because of my very limited income and my failure to meet my full rent and utility payments and the threat of homelessness hanging over my head.

If I could leave you, Senator Riegle, and you people with a message, it would be to impress upon you that the nationwide problem of homelessness can and does affect everyone. We need to get rid of the ignorance and apathy of the "I don't know and I don't care" attitude that surrounds it. Contrary to popular belief, the term "homelessness" no longer refers to the typical "vagrant" or "bum on the street". In fact, I attended Wayne State University, worked two jobs to pay my way through school. I maintained a 3.8 grade average, worked at the school coupled with the rising cost of living kept me from the CETA money payments, and if someone had told me 6 years ago that I would be homeless I probably would have laughed directly in their face.

Although I sit here in the aftermath of my homelessness, believe me, there are thousands more out there today who are experiencing the painful realization that they temporarily have no place to go. It is imperative that we implement programs which would make low-income, decent housing affordable to everyone.

Thank you.

[Applause.]

The CHAIRMAN. I want to acknowledge that we have about 400 people in this room right now and more coming in. I think it is a tremendous statement about the importance that this problem has and needs to have as we try to understand.

Let me say, Sherry, I appreciate the power of the statement in which you have said and what your dealing with. The fact that you say that this still hangs over your head every single hour of every single day. You've got three little girls there who you love and who love you and we need the best this country has; not the least that we have but the chance to understand what the best is in terms of caring and support and a way to come forward in life just as you were endeavoring to do and 3.8 grade average at Wayne State, I'm sure if you hadn't been working two jobs you would have had a straight 4.0.

I think it shows so powerfully about the fact that, you know, we really are one family and we have to think that way. Your children, my children, or the children of somebody else in this room or whether it's you or me or somebody else sitting in this room, you know, we've got a stake in each other and we've got to make sure we all have an opportunity to have a decent life and certainly not be storm-tossed in a situation where literally you don't know how you are going to put a roof over your head at night for yourself or for your little tykes. I mean that is just not right. We can do something about it and we are going to do something about it and you are going to help us accomplish that by coming today and making such a powerful statement.

I want you to feel free to stay as long as you can. I know you are going to have to get up and down with your little ones here, so please do whatever is most comfortable for you and for them.

Let me now now introduce our next witness, Tom Rybinski.

Tom is a former autoworker who was laid off in 1987 and like so many autoworkers is going through the very difficult process of trying to figure out what to do next. When you are eligible for recall, as Tom is, that hangs over your head. That is a possibility of positiveness, but if you don't get called back it works against you in terms of trying to seek employment at some other place because people don't want to hire you because they are afraid you may leave suddenly because you got called back. So you're in a Catch-22. He was earlier describing to me some other Catch-22's that he's run into in terms of trying to figure out how one deals with this kind of problem.

He's worked at various jobs since that time. He's gone through a J.T.P.A. program to be retrained but he's only been able to find low-paying jobs which is typical of others in exactly the same situation.

Over that time he's lost his car, he's lost his home and he can't afford the rent on his apartment. He is living with family members but that isn't always an easy way either.

The thing I want to say about Tom before he speaks, he is speaking for thousands and thousands of young men and women like himself who are in this situation and it is hard to come as Sherry has attested and as Tom knows and I'm very proud of him for doing this. In their acts of citizenship and leadership, they're really important and they can really make a difference in the future for a lot of other people.

I think you're coming today to talk about that living experience is such an example of that so I thank you for that.

Pull that mike right up to you and get it as close, you know, to your mouth because I want everybody in the back of the room to hear what you have to say. So, we will be pleased to hear from you.

STATEMENT OF THOMAS RYBINSKI

Mr. RYBINSKI. My name is Thomas Rybinski and I am homeless. Up until February 11, 1987, I was an autoworker at General Motors Detroit Hamtramck plant. I earned on average about $40,000 per year. Now, a scant 3 years later, I am without a home, a car. Most of my possessions have been sold. I owe $8,000 child support, $1,200 in back taxes to the Federal Government for 1988 and am in debt to both friends and family.

I am currently employed with a company as a garage door/fireplace installer, but the work is not steady and the pay is barely enough to cover my current cost of living, let alone make an impact on my accrued debts. My inability to find steady employment where I might earn enough money to keep up with my bills has placed me in my current predicament.

In the fall of 1987, when my SUB benefits and health benefits ran out, and it became apparent that I wasn't going to be recalled by GM, I began looking for a job. I sent out several applications and resumes, yet I received no responses. I believe this is because of my GM recall rights. A lot of places wouldn't even accept my application. The ones that did would interview me briefly and then say they would get back to me and wouldn't. I have 10 years' seniority with GM so naturally I would have to state this on my applications. However, as soon as they find out what plant I'm from, Detroit Hamtramck, which has always been a center of controversy and is not likely to close, the possibility of my being recalled deters them from hiring me.

All of my applications being unsuccessful, I turned to a friend of mine who I used to paint houses for throughout my years of lay-off at GM. And although he was able to throw some work my way, I wasn't making enough to pay my bills. I decided then to open my own business as a painter and was subcontracted by my friend. I registered this business in Oakland County as a sole proprietorship. I then invested in advertising, ladders, and painting equipment. I paid for those investments out of the proceeds from the sale of my home.

I was awarded the home in the divorce but was forced to sell it because taxes were going up and the house payment was about $725 per month. So, instead of losing it, I sold it. I used the proceeds to pay my bills and child support for a time and to cover my health insurance. However, because the sale of the house took 4 to 6 months to close, I had to borrow from friends in order to pay my expenses. Well, I managed and everything worked out.

That fall, though, business being seasonal, began to die and I got behind. In February of 1988, the Friend of the Court ordered me to stop advertising and instead use those funds to pay support, so I did.

During the summer months I did all right as a painter from April through November. It was during the winter that I would get behind. Every fall I would seek a new line of work, but the only people that were interested in hiring me were offering between $5 and $6 per hour, which I really couldn't live on. Consequently, I now owe $8,000 in child support and it is growing.

One company that did answer my inquiry in May of 1989 looked very promising. It was an international auto-related corporation looking for people with auto-related experience. I was one of the finalists of their interview process, but I saw my file after the last interview with the plant manager and on the back of it had been written "has possible GM recall rights" and that this was a non-union shop they were opening and that I was possibly spoiled from the union. Needless to say, I was never contacted by them.

The next job that I held, working at a paper mill, and the job that I have now, installing garage doors and fireplaces, have both been inadequate to meet my monetary needs. At present, work is especially scarce because of the weather, just like the painting business.

My credit union called me in January and wanted to repossess my truck because of non-payment so I surrendered it. I'm now driving a friend's mother-in-law's vehicle and have taken over the payments on that although it remains in her name. I'm, in effect, leasing it in order to go to work.

Since selling my house I have rented a house; I have lived in an apartment and as a roommate in a condominium. I have been unable to maintain rent payments at either place. I am now living in my brother and sister-in-law's house. This situation is becoming increasingly tense and I will have to seek shelter in a refuge soon.

After trying on my own for over 3 years, I went to see my union officials and explained to them that I've been looking for steady employment; that I've got no money, no place to live. I've got collection agencies after me and have been notified by the Federal Government that I owe $1,200 in back taxes for 1989 and that they will be getting into all my assets.

They set me up with TEL–HELP through the local hall to try and help me relieve some of my debts so I don't wind up in jail. The credit professionals that TEL–HELP referred me to, told me that I don't qualify because I don't have a steady enough income.

I also contacted a lawyer from Oakland County Legal Services through the union hall and he's concerned that I'm so far behind on child support that there's a possibility that I could be jailed. And, I don't qualify for court appointed representation because my family has taken me in and Federal guidelines are based on total family income.

In closing, apart from all these occurrences, the thing that is most disturbing to me is the emotional distress that I've had to endure. Being homeless, and for the most part, jobless for over 3 years has left me with little self-confidence and low self-esteem. The word "Tom" has become a four-letter word in the households of my family and friends. Even visitation with my children is affected due to the stress of my living situation and the money factor. To be honest, I feel like a social outcast. I don't even date anymore because who would want a 33-year-old unemployed, homeless man with two kids and over $20,000 in debts?

I pray for the people my life has affected to keep an open mind and heart because one day I will make amends.

Thank you. [Applause.]

The **CHAIRMAN**. Tom, I want to say to you I think it takes tremendous courage and insight and strength to come here today and to share with us that story.

We talked earlier and I was very moved and I am moved now by you and what you have said and I feel so strongly that there is something wrong with our country when somebody like you gets pushed into a situation and can't find a way out of it. We are going to do something about it. You are, obviously, trying every way you can but that by itself has not been enough. We need to have more things that are in place and can help you and Sherry and others like you get back into the game. We need you there because there is so much you can do. You don't have any less talent than anybody else in the room; probably more talent than a lot of us in this room. The fact that you happen to sit in that situation right now and Sherry in her situation is very much, you know, sort of the luck of the draw. Oftentimes it is a chance factor as to who is where and who isn't.

I want—I am going to do all I can to help everyone I can at all levels for everybody we're going to hear from today and others in the same situation and like situations.

But to everybody else in the room, including leaders here across the State of Michigan, who are so active in trying to make a constructive difference in problems like this, I hope that we can all take an increased level of motivation and assistance, passion, out of this hearing today and a determination to see to it that we change the status quo and that we force some things to happen at all levels of Government, at the Federal level, State level and local level so we don't continue to lose our people.

I think it is a crime against our society, and a crime against our future to lose a single person that we don't have to lose and no matter where they are or their age or their circumstance, you know, they come with the same God-given importance and capacity that the rest of us have and it is vital, I think, that we understand the need and the importance and the imperative of seeing to it that we are responding to these needs now and we don't let people slide down into worse and and worse difficulty.

I think Tom is a classic illustration right now, if I may just say so, you mentioned in passing just stress, it builds up and the stress that a person feels. We've all been through stressful situations at different times but the kind of stress that you are having to face right now, or that Sherry had described, is the kind that breaks your health. I mean you go from one problem to another; you go from one situation where you are coping as best you can, but the sheer weight of the difficulty can end up creating so much stress that your health breaks down. I have seen that in any number of cases and so if we delay our response to people who really need the help, very often by the time the help may come it is too late.

We don't have to settle for that in America. We shouldn't settle for it and somehow we've got to inject this into our debate. We've got to inject it into our political debate in terms of where we want to put our focus, but I hope, among other things, that this hearing today and this committee effort will emphasize the point that we ought to be investing in our people. This is where the country begins and that's where it ends, and that is investing in our people. We've got to invest more in our people and it is the best investment we can make and the returns will come back a thousandfold, they will come back a thousandfold, so it just has to be done.

Let me move on to our next personal witness who is Charles Winters.

Charles, we are very pleased to have you here. We have talked to you earlier as well.

Let me tell you something about Charles Winters.

Charles is a Viet Nam Veteran and he has been homeless for many years.

For the past 3 years he's been trying to obtain Supplemental Security Income benefits, the SSI that I was describing earlier that is available through our Social Security Administration and to which we all pay into when we are working to create that fund so that if for some reason we are knocked out, we can qualify, and there's something there for us. He was never able to get approved because he does not have the skills necessary to follow through and pursue the application for benefits. It is not an easy process.

In addition, he never received the denials because he did not have a formal address. He was often living off the highway in areas near Lansing. It wasn't until he got in contact with our office that we were able to put him in touch with people at the Social Security, that he was able to go through the process and actually established his entitlement to those benefits, which has now been done.

Really, Charles, it is from your case that we have now moved to draft that national legislation to put Social Security into a posture where they actually make an effort to go out and find those people like yourself who are entitled to the benefits and to see to it that they receive the help that they're entitled to to try to hold body and soul together.

Charles, you indicate that you're from Ann Arbor now and I'm very pleased that you're here. I want you to speak loudly and to tell us your story.

STATEMENT OF CHARLES WINTERS

Mr. WINTERS. My name is Charles Winters. I am a 43-year-old male. I came from a poor family and very little education, only 9th grade and very illiterate in reading and writing.

At the age of 17, I quit school and went to work picking up odd jobs, grocery stores, other places where I could work.

By the time I was 22 years old, I went to the Armed Services, went to Viet Nam, seen quite a bit of military destruction as tanks and stuff was hit and sent back from overseas. Caused me to get into drinking, depression and I would get belligerent with people. I would not listen to them.

I stayed in shelters and I would be belligerent to those people. They threw me out and I ended up along the freeway picking up scrap, metal, other stuff for survival necessary and I would buy toothpaste, shaving lotion, I tried my morale up as far as that way.

I finally got off drinking and it has been 10 years since I've been drinking and now I'm starting to get help through your office. I got my SSI. I never had a permanent address to get SSI since I moved around from place to place in Michigan, Florida and Florida back to Michigan. I was bouncing around, never had a permanent address.

Now through your office, I've used your office as an address and now I'm getting my SSI; I've started to save my money. I save half of my SSI check to get myself an address, an apartment. The other half I use to buy food, shaving lotion, toothpaste and stuff like that to bring my morale up and there is quite a lot of people out there in the same situation I'm in, don't have an address or permanent address to use for help, the SSI, General Assistance or ADC. They end up in the streets; they live along the freeways, under bridges. They live anywhere they can, pick up cans, bottles, do anything they can to make money.

There are people that do need help, out there along the freeway and in the same situation that I'm in, no place to go and living in tents, no addresses. They don't know who to go to, where to go, especially with SSI paperwork has to be filled out, don't understand. I did not understand. I had to ask people to help me fill it out for SSI and it is really rough on people like me because I'm illiterate, only a fourth grade education, I ain't very much at reading. There is a lot of people out there like me that doesn't understand the paperwork. They need help real bad.

Thank you.

The CHAIRMAN. Thank you verv much for coming today and telling your story.

[Applause.]

The CHAIRMAN. Charles, let me ask you, since you've gotten your SSI established, do you feel like your life has improved?

Mr. WINTERS. It has improved, Senator. I stating—like I stated, I save half the money to try and find myself an apartment and also to keep my morale up and also the shelters where I have stayed for the last 30 days, they have been expecting me to stay until I can get a place of my own. If it wasn't for you, I would probably still be out along the freeway.

The CHAIRMAN. You told me a story before about the danger out there. Obviously, there's always the danger that you will run into somebody that will hurt you, but there is also the danger of being by the freeway and you were actually struck by a truck, by the mirror of a truck.

Why don't you tell that story?

Mr. WINTERS. I was on I–94 just west of Ann Arbor picking up bottles to buy toothpaste and shaving lotion and something to eat and that and this truck come along and the mirror hit me in the back of the head. It must have threw me 10 or 15 feet in the air and I landed on the shoulder. It was just lucky the guy pulled over. He thought he had killed me and I got up. It put a pretty good gash in the back of my head, about eight or nine stitches.

I'm just one person that has happened to. How many others out there, just not in Michigan but nationwide that is in the same position that I am.

The CHAIRMAN. You know, I asked you also how many people you had met up with because, you know, it's a lonely life. You're out there trying to just scrape by, you know, and as you say——

Mr. WINTERS. Trying to mention deeds there, Senator.

The CHAIRMAN. Pardon?

Mr. WINTERS. Trying to mention deeds.

The CHAIRMAN. Exactly. And you had said that you met at least 400 people; you thought that was your estimate?

Mr. WINTERS. About 400 in the same situation. That's from Michigan to Florida.

The CHAIRMAN. Because you would go down in the winter time. One way or another you'd get down to Florida?

Mr. WINTERS. I mostly hitchhiked down. It would take me anywhere from 3 to 4 days down and 3 or 4 days to get back.

The **Chairman**. So the time that you've lived this way you, yourself, have run into and seen and had contact with at least 400 people just like yourself in that kind of situation?

Mr. **Winters**. Yes, that's experience over the last 10 years?

The **Chairman**. How many others would you guess of that group were Viet Nam Veterans like you are?

Mr. **Winters**. I would say approximately better than half were Viet Nam Veterans.

The **Chairman**. Isn't that a powerful fact when you think about it? You know, we ask our young men and women to serve our country and you went and served and others have gone and served and when they get back and it takes their work right and they are in desperate circumstances. The country hasn't responded very well.

Mr. **Winters**. No, they haven't. I find most of them have turned away, away from the nation to drink. I found that over the years. I was 10 years of drinking. I finally got it out of my system.

The **Chairman**. Why don't you introduce the person who's with you, who really helped you get squared away?

Mr. **Winters**. This is Carol Wallace from Social Security. She's worked with your staff and she helped me get SSI.

The **Chairman**. Carol, can I ask you to take the mike here just for a minute?

You are working at the Social Security Administration and you worked with Charles to help him establish his entitlement to this modest monthly benefit that he receives that has, in fact, given him the chance to put his life together in a different way.

The Social Security Administration doesn't have very much in the way of outreach effort at this moment, does it, to find people like Charles?

STATEMENT OF CAROL WALLACE, SOCIAL SECURITY ADMINISTRATION

Ms. **Wallace**. That's right. I was doing this as a volunteer and I went to a homeless shelter and that's where I met Charles and with your staff, gave us an address and a phone number so we could contact him and get him to the appointment that he needed to go to in order to get his benefit. That was the problem in the past when he was denied his benefits because our office couldn't locate him. So, with the help of your office we were able to get the benefits. This was one process, the application, and he couldn't read them. He needed help in filling them out. It took a lot of extra time to get them filled out. The Social Security office doesn't have time to do that, usually.

The **Chairman**. Well, that's why we initiated this legislation now, that's designed to create the means within the Social Security Administration to do the outreach and to find people like Charles and there are many, many others of them around our society who need the help. The help is there for them and we need to connect one to the other.

Do you have any other observations that we should hear on this?

Ms. **Wallace**. I think there is a lot that can be done and—but there is a lot of bureaucracy to go through. I think if we would work together we can help to get a lot of the homeless the money so they can get shelter and there is affordable housing. There is a need for affordable housing, too.

The **Chairman**. That's a key issue and I just want to say here as we finish with these three individuals 'stories that we have been focusing on thus far.

I think we have to start with the premise in our country that we care about each other and we love each other. You know, we hear an awful lot said, promoted the use of the word "love," the soap operas and this and that so it's not an underused word in our daily society in living.

We have to somehow establish in our country, a much deeper commitment to one another, to people we don't know and may never meet, to see to it that people who find themselves in circumstances like we have here today get our help; because it's right and because it's for the good of the country and we have to somehow take that basic premise and we have got to get it re-established and we have got to get out there shining brightly so that people see it, think about it, feel it and are comfortable with it.

We have heard just three stories here. We could hear 3,000 stories here today they would all be different and each one is important and each one needs an answer and each one can get an answer different ways through the help and sense of all of us.

The Government has a part to play here; the private organizations who are well represented have a part to pay and obviously each person themselves have to make an effort but I see effort here. I see effort in what Sherry is doing; I see effort in what Tom is doing and I see effort in what Charles is doing. Most of the homeless people I have seen across the State of Michigan want to work, are working, are trying to work; want to get ahead. They want their lives to change for the better, are struggling to accomplish that. They need help. If they can get help then they can change their situation.

That is why we're really here today is to establish not only the need for the additional ways in which to bring that help to bear; to try to help get across to the public as a whole the dimensions of this problem and to understand that so many people in our society are literally only one or two or three pay checks away from starting down the slide that can lead precisely to the same situation.

Others in this room who may not have in their lifetime been in this homeless situation might very well that find at some future point because of the adverse events in your life, become homeless and so the need then will not be just an abstraction that applies to somebody else, they will be real things that apply to you and so if we can help establish a clear sense to that, I think that with this hearing and our efforts along these lines, we will have done something very important and very constructive.

I want to say finally to our three personal witnesses again how much I appreciate your all being here and coming and telling us your individual stories and is there anything else any one of you want to add?

Sherry, you look like you want to say something.

Ms. **Brantley**. I just want to add one important note to everyone in the room. We all know that it's census time and if you know of anyone personally who does not have a personal address, please try to get them to know how important it is to stand up and be counted during this time.

The CHAIRMAN. Sherry, thank you.

On the census it is very important that we identify who is out there and that people not get lost and we have a way of identifying them and giving them an address and giving them an identity so that we have some of knowing who the folks are that we need to try to help.

Let's give all three of these personal witnesses a hand.

[Applause.]

The CHAIRMAN. We're going to move on now to our service providers. I want you to feel free to stay here, to get a cup of coffee, to move around. Don't feel like you're stuck in one spot.

We are going to take four here in a panel. We are gong to start with Sara Snyder of Detroit who is a service provider in the area of substance abuse. We will give a little sketch on each person as we go through then.

Sara Snyder is the Executive Director of Grateful Home in Detroit, which is a service provider for substance abusers.

She is a certified addiction counselor and Executive Director of Grateful Homes which the only women's substance abuse program in Detroit.

Sara who is also a recovered substance abuser and who was homeless for a time will testify about the problems substance abusers, particularly women, have in finding housing and even being able to use the existing resources that exist for the homeless.

Then we are going to hear from Stuart Trosch who is the Coordinator of the Genesee County Homeless Outreach Program for the mentally ill.

We had a chance to talk to Stuart as well. He is the Coordinator of this program which services mentally ill homeless individuals in the Genesee County area. The program includes a demonstration project funded under the McKenny Act serves to stabilize their clients by providing them with a setting, home setting with other mentally ill clients while appropriate shelter can be found. He also counsels them on independent living skills and helps them to apply for SSI benefits.

Stuart will discuss a client that they served and the problems that they faced trying to access community resource and the problems which existed for becoming eligible for SSI benefits.

Laurie Huff will come next, who is the Executive Director of Turning Point, in Mt Clemens, which is a service provider organization for children. It's a non-profit agency providing shelter for women and children when they experience domestic violence, sexual assault or homelessness. They provide a variety of services to nearly 700 including pre-school which they have recently started. They have found that most of these children are significantly behind in their education development and they have a full time counselor to teach these children the basic learning skills.

Laurie will testify to the problems of children who are homeless and the risks that they face in their future.

Finally in this group we have Clyde Poag, who is from the Veterans Readjustment Counseling Center in Grand Rapids, doing veterans outreach. It's one of the three VA-run veteran centers in the

State. This counseling center provides readjustment counseling for Viet Nam-era veterans. They do outreach in places with far less population and cities in Western Michigan providing them with referrals and services that will go through the VA and the community at large.

Clyde will testify to his experiences during this outreach and we will find that a large percentage of the homeless are veterans.

Let me say that also before I ask Sara to begin that I will want to, despite the time limits which we always have, want to continue to conduct this hearing today for how long it takes for us to get statements from anybody else who has a statement that they need to present to us.

And so if there—I want to repeat it—if there are individuals here who want to sit down with a staff member and give a statement so we can can take it down in written form and have it for the committee record, I want them to be able to do so. I don't want anybody to come today and not have their say and be a part of our record.

Also, at the end of our scheduled witnesses if there are others who want to present a position or make a statement on behalf of an organization or a point of view we will do our very best to accommodate that because while we have scheduled witnesses, I am very much interested in what others have to say that are not scheduled. I want this to be an opportunity where we get it all. I want all.

Sara, let me call on you now, please.

STATEMENT OF SARA SNYDER, EXECUTIVE DIRECTOR, GRATEFUL HOME

Ms. **Snyder**. Thank you, Senator Riegle. I want to thank you for giving me the opportunity to speak with you today.

As a recovering woman, and a professional in the field of chemical dependency I believe it is time that the voices of women suffering for so long in silence at last be heard. I believe that my personal and professional experiences afford me a perspective which allows my representing "my sisters".

I would like to begin my testimony by first telling you the story of one homeless woman, a woman who by age 24 was alcoholic, homeless and destitute of all family or financial support. I would like to tell you her story so that you may better understand how a woman comes to this end.

She was born in 1950, the middle of three to two young lower-middle class parents. Looking at family photographs you would assume this family was typical. Yet beneath appearances there was much trouble. Her parents were immature, selfish individuals who wanted everything right away, disliked the long struggle required to build a strong family, career and security. In the 5 years before she began school, her family had moved four times. Her parents were both beginning their descent into alcoholism and their behavior was erratic and often violent toward the children. At the age of 3, her father began sexually abusing her when drinking. This lasted until she was 8. Her mother knew and did nothing to stop him.

During the years between 6 and 13 her family moved again five times. Now the moves were to run out on bills and a bad reputation. She became more and more isolated, never having friends, not knowing what to talk about with friends. She was locked out of the house by her mother when her father did go to work. She spent endless hours trying to find peace and safety in poetry, books and the outdoors.

At age 12 her mother walked out on the family. Her father spent his non-working hours at bars while the children fended for themselves. At this time she realized at age 12 that the beer and whiskey she stole from her father's supply made her life more bearable.

At 14 her older brother began sexually abusing her and continued to do so until he left home when she was 16.

During high school years, she cared for the family as best she could, worked part-time jobs and went to school. She graduated in 1968, but did so not feeling like she had been a part of any of the normal fun of those years.

By 18, she had been drinking daily for 2 years, had had two nervous breakdowns and she attempted suicide by overdosing on painkillers for migraine headaches.

From 18 until 24, she lived in a sub-human existence of alcohol and drugs. Had herself moved eight times and had 11 jobs during those years. She tried to kill herself twice in that time, was beaten and raped three times, had been strapped down in hospital beds and in jail once.

Life was nothing more than an attempt to pass as much time as possible unconscious, since she could not seem to kill herself. She had been disowned by her family, fired from her jobs, evicted from her "homes". She then spent 6 months on the streets, sleeping in doorways, eating out of dumpsters, washing in gas station bathrooms.

I will come back to her story in a moment.

In the 4 years I have been Director at Grateful Home, I have listened to that story repeated over and over again. Women devastated emotionally and socially before they even get into high school.

98 percent of the women who come into Grateful Home are indigent and homeless. 70 percent are adult children of alcoholics; 55 to 60 percent are child abuse victims; 45 to 50 percent are incest survivors and 60 percent are domestic violence victims. Most of them have used alcohol and/or drugs since early adolescence as a method of coping with severe emotional pain and isolation. By the time they are 18 years of age many of them are suffering from full-blown chemical dependency.

When a woman is chemically dependent she becomes unable to fulfill any of her normal roles in this society, be that woman, wife or mother. It does not take long before she finds herself divorced by her spouse, abandoned by her family out of their frustration or long-standing inadequacy. If she has children she will lose them because of her chemical dependency, and then she is completely alone.

These women spend their lives trying to survive as best they can. They find "boy-friends" to take care of them, and move from relationship to relationship. Some prostitute themselves in order to have money to "treat" their addiction and provide themselves with shelter. The longer they are chemically dependent, though, the less able they are to provide for their most basic of needs. Men no longer want them, their families have turned away. Their children are gone and they find themselves on the streets, homeless. Many of these women still try and get themselves off the streets where they know they are prime targets for rape and murder. They do this by talking dope dealers into letting them sleep in the dope house. The price they pay, unfortunately, is the same as on the street.

In just the last 6 months we have interviewed the following three homeless women:

Barbara is 36 years old, originally from Warren; on the streets for nearly a year. Married and divorced three times, all children in foster care. Chemically dependent for 20 years. No family support since age 22.

Barbara arrived at our door on crutches. She had her left foot amputated due to drug use 5 years earlier and had, as she called it, "lost her foot" about 6 months before.

Barbara had been living in an old junk car in a vacant lot for about 5 months. We could not admit her because we were full; we had to put her on the waiting list. She apologized to us for being a bother to us.

As she left that day she looked up and down the street, sat down on our sidewalk and started to cry. Soon, though, she was gone; we never heard from her again.

Susan, 24 years old, raised just three blocks from Grateful House. Addicted to crack cocaine for 2 years, chemically dependent since age 17 on pot and alcohol. Two children being cared for by her mother, never married.

She, too, had to be put on our waiting list. She said she could stay with her dealer. Two weeks after we interviewed her, her burned and beaten body was found in a dumpster in the alley behind Grateful House.

Denise, 28 years old; chemically dependent for 10 years. Divorced mother of one son who has been in foster care for 2 years. No family support. One Aunt will speak to her but she is alcoholic.

Has been living in abandoned houses for 2 months. Came for an interview and was put on the waiting list. We were able to get her into the program in about 3 weeks, but in the 4 days before her admission she was raped and beaten three times by men smoking crack.

These stories happen because there are not enough treatment beds available for indigent/homeless, chemically dependent women in the City of Detroit. Homeless shelters will not take these women because of their chemical dependency; neither will the majority of domestic violence shelters. They are then left to survive as best they can. Many of them do not survive.

I would like to return to my original story, to let you know what happened to that young woman.

That young woman is me. I was lucky. In 1974, I became a resident at Grateful House. Since that time I have worked and fought to make society and the women I work with, understand that they are not hopeless and unwanted. Even though I have been recovering for 15 years from my own chemical dependency, there are still painful memories from that time that will most probably be with me for the rest of my life. I have learned to use those memories to keep me connected with and committed to other women still trapped in this devastating illness.

The most painful memories are of the time I was a homeless alcoholic. These memories are painful because of how people reacted to me at that time.

I remember people walking past me and not being seen, somehow invisible.

I remember speaking to people and having them ignore me as if my voice made no sound.

I remember standing outside homes after darkness came and watching people move about in those lighted rooms and wishing I could go in and be with them, and yet knowing there was not one door that would open for me. I felt unseen, unheard, unwanted and unimportant.

I was given the chance I needed at Grateful Home. Denise, who was mentioned a moment ago, has over 9 months' sobriety, has graduated from Detroit Business Institute and will be moving into a home of her own this week and getting her son back in 2 months.

We are courageous, determined women when given a chance in a safe environment which offers the support we need to rebuild our lives.

We are too valuable for this society to throw away to the human landfill of broken dreams and aborted opportunity.

There are 75 women on our waiting list now and usually 5 to 10 more calling each day. They have nowhere else to go. They are going to die; if not physically, most definitely in spirit.

I ask that you not allow their suffering to continue or their deaths to be inevitable. I sit before you today as proof that your efforts will not be wasted.

Thank you.

[Applause.]

Ms. **Synder**. Senator Riegle, if I might. There was an article in this past Saturday's Detroit Free Press. In that article it states that the Office of Substance Abuse in Lansing is now sitting on $450,000 earmarked for womens' treatment programs in the City of Detroit and they can't find anyone to give it to, for two reasons:

Federal law mandates that money not be used for the purchase of or renovation of buildings; and,

Two, because there are no programs in the City of Detroit which can handle right now the expansion of another 30-bed program.

My agency, my board, my staff and I have been fighting for the past 2 years to raise money to buy another building and create a womens' and children's treatment program so that women no longer have to make the decision to sacrifice their children in order to save their own lives and finding out once they've done that they've sentenced themselves to death because there is no program they can get into.

If there is any way that through this hearing you can help programs such as ours who desperately want to provide much needed services to women and children by working out the problems of Federal regulations on renovations and purchases of buildings we can save hundreds of more lives.

We don't want to see two generations destroyed at the same time. The children are in foster care, the mothers are on the streets. They have nowhere else to go. We would like help in order to stop that.

Thank you.

[Applause.]

The CHAIRMAN. You know, today is a very powerful day in terms of what we are privileged to hear from people who are willing to share these things with all of us and I think your story, Sara, and the directness with which you tell it, and the courage with which you tell it, changes all of us. It is so important that these things be said and they be made real because so often they're not real. As you say, when people would walk past you at different times in your life that didn't see you, or didn't want to hear you; didn't even acknowledge that you were there.

We will help with respect to trying to figure out how we connect that money that's sitting there up to expanding the kinds of opportunity that you offer.

I think your statement made such a powerful persuasive argument, the fact that we have got to shift the priorities around in this country and get at these human needs that are so extreme. I was asked earlier by a Press person about the peace dividend, because we know that the world is changing very dramatically and hopefully with the Berlin Wall coming down and Communism collapsing around the world, there is going to be an opportunity here to take and shift priorities, shift our directions and I think it is very important that these severe human needs that are all around us now get a share of what has been going into nuclear warheads and these multi-billion dollar defense spending.

The resources are there. It's not as if this country we're so impoverished that we can't find the means to respond to these urgent human needs.

I would say that we have not responded as a nation because we haven't cared enough to do so. That is just the hard cold fact of the matter and that is why there has to be some reawakening of our national conscious about what it is that we want this country to do and to stand for and whether or not people matter, especially people that we don't know and we may never see and unless we can decide that people, all people, do matter and are important and ought to be the focus of everything that this country can marshall to bring fullness to their lives, decency to their lives, we are going to have enormous difficulties in our society.

We will have an underclass which we have today which is growing and it will be made up of all kinds of different people in different circumstances who cannot overcome a number of adversities that have come into their lives without the help of the rest of us.

I think we know what it is we need to do. That is why we are here today, to get the focus through the individual illustrations down into the basic decisions we need to make as a country and how we then cause them to happen. We need to force action in the areas where action is needed to take place.

Our next witness, Stuart, you'll be able to help us very much in this area as well because Stuart Trosch from Flint is very deeply involved in trying to facilitate help to a group of persons who are struggling in still a different way.

Stuart, we would love to hear from you now.

STATEMENT OF STUART TROSCH, COORDINATOR, GENESEE COUNTY HOMELESS OUTREACH PROGRAM

Mr. TROSCH. Thank you, Senator.

As you've heard so far today, there are lots of people who are homeless for different reasons.

There are lots of different problems of the homeless that go beyond finding clean, safe, affordable housing. Obtainment of medical services, food, schooling for children, etc., all add up to such a larger need. When adding the destruction of a mental illness, you have a helpless, homeless individual struggling to survive in a disorientated, paranoid, frightening world.

Published reports state that the mentally ill make up between 15 and 40 percent of the homeless population. Reports also state that homeless mentally ill are due to society's failure to provide comprehensive mental health services during the deinstitutionalization of the early 1960's. The problems of the homeless cannot be traced to just one reason or issue and certainly should not be simplified to look at just one cause and one cure for this tragedy.

Establishing entitlement eligibility can be a very difficult process. Filling out forms, standing in lines and understanding procedures can cause considerable confusion. This is especially true for the mentally ill. As the caseworkers questions become paranoid thought reactions, the client becomes fearful and hostile, usually leaving the entitlement office without benefits, due to not understanding the specific procedure of each agency or a caseworker's direction.

When our program attempts to link individuals to entitlement, it has taken as long as six months for those benefits to arrive. Where are those homeless to go; where are they to live during this period? If a person moves or cannot produce a stable living address, their files are closed. This must change as the system must work with us, not against us.

Mental illness is a devastating disease that affects individuals, families and even communities. However, in the case of many mentally ill people, their housing difficulties began after they became sick. Families grow tired of living with the stress, strain and burden of a loved one's illness. Others may have lost their jobs, becoming too delusional or paranoid to decipher how to obtain benefits and be compensated, ultimately ending up in a psychiatric hospital. This prevents the sick person from paying their bills, mortgages, rents, etc. of which leads to homelessness.

As an example of what a mentally ill person, as well as what a provider can go through when trying to obtain help, I have chose a case about a man named Phillip.

Phillip is a 30-year-old caucasian male who was first seen at the Genesee County Homeless Outreach Program for the Mentally Ill during the first week of September 1989. He was referred to us by the Carriage Town Mens' Rescue Mission. They stated that Phillip was living somewhere in the woods and would periodically show up for a meal.

A few days later we contacted Phillip at the Mission and began to form a relationship with him. Initially, and throughout a month's time we went through a process of winning his trust. Everyday we made contact with Phillip at the Mission and for several days we brought him back to the house so we could become acquainted. However, he would just stay long enough for a quick cup of coffee and some cigarettes. He would quickly become anxious and leave to go back to the woods. Eventually, we learned about Phillip's past and also began to accomplish some things.

Phillip's early history includes a dysfunctional family life coupled with substance abuse. Despite these two apparent difficulties, he managed to graduate from high school with a 3.2 grade point average. After high school he joined the Army but drug usage continued to be a problem.

Not much is known about the time between his Honorable Discharge from the Army and now.

Recent history dates back to last year when Phillip was kicked out of his apartment for raising cockroaches as pets. Since that time he has been living in the woods and walking the streets.

Much of his time is occupied by smoking cigarettes and laying down in the fields, resting for the entire day. He stated that he does not get lonely because he has a few friends with whom he talks. Only later did we discover that his "friends" were actually voices that he hears and subsequently talks to throughout the day.

After some time, Phillip agreed to take us to the woods so we could pick up his "nice clothes". It took three washings to clean out the dirt and bugs out of his "nice clothes". But as we laid out the groundwork that needed to be done before Phillip could move into the transitional boarding home, we felt strongly that Phillip needed to be on medication to help alleviate the hearing of voices. We had to meet our doctor for evaluation, and the doctor's opinion was that he would finally place him on medication. Because Phillip was living in the woods for so long, the doctor was not ready to put him on meds without any mental health or medical history. However, after more observation, the doctor did witness Phillip screaming out, as well as an increased inability of Phillip to take care of himself. This led to a prescription of injecting Prolixin biweekly. That is an anti-psychotic medication. Within the first weeks we saw a marked improvement when Phillip's speech and listening skills were much improved.

We then took Phillip to a medical doctor for a physical and blood tests which involved three appointments. We also reopened Phillip's Social Security case in order to receive benefits again.

With these short term goals accomplished, a few days later we placed Phillip into the transitional home. He responded positively to all of the support we have given him and his functionality level has increased. He daily attends the Comprehensive Psychological Rehabilitation Center and communicates more clearly with staff and other clients. He was recently placed in a room-and-boarding house and has continued to improve while attending community mental health treatment.

One observation that has been identified when working with the homeless and helping them to find appropriate housing is that the difficulties don't diminish, but rather expand, once safe, affordable housing is found.

For example, you find a low-income two-bedroom apartment with an affordable rent in an inner city neighborhood not yet ravaged by crime and crack cocaine, only to find out that your client does not have, nor cannot afford, a bed, pots and pans, or even a simple light bulb. Creative Outreach has established our program to attend garage sales, flea markets, etc., in order to have these necessary items donated.

Finally, through the use of the Alliance for the Mentally Ill we are payees for his financial affairs, which has helped them to learn how to improve the budgeting of their very limited incomes.

If you and I need to run a few errands, such as purchasing groceries or buying a nice sport shirt, we would simply get into the car and drive to a local store where we would pick up what we wanted and even pay for it without bringing any money. These are daily occurrences that most people take for granted.

These basic activities have a much different scenario when one is homeless and mentally ill. The hungry, frightened, paranoid and delusional, homeless mentally ill must walk in any weather, sometimes many miles, to a soup kitchen, church or rescue mission. That is, if the community has one. Because shelters serve the poor, they are, unfortunately, most likely located in high crime, high drug areas. Once there, you must take whatever they offer you, with no chance to pick and choose what you want.

If you are lucky enough to find a shelter that gives out donated clothing, you still must take only what is given to you, whether it fits or not; whether you like the style or not. Beggars cannot be choosers. This can be quite demeaning. It really doesn't matter, because most homeless people will wear the same clothes several days in a row until they are just rags. Then they get a new, unsized, unmatched outfit to wear until it also falls apart. Because this population has no place to keep or store their belongings, they can only own as much as they can wear.

In conclusion, as our Outreach Program continues, it is becoming increasingly clear that there are not any simple solutions to this crisis. As you have heard today from myself and others, there are many reasons for homelessness, as well as many thoughts and ideas toward a solution. I do not have the ultimate solution but meetings like today are the first step. However, and also the Local, State and Federal programs together, I think need to be restructured to allow for easier access for all individuals to receive entitlement services, housing, etc.

[Applause.]

The CHAIRMAN. That's a very powerful statement, Stuart. I want to thank you for your personal commitment, for your leadership. I know we all make choices in our life's as to what we do with our energy and our life's work and you are spending yours about as usefully as anybody I know and I really admire that, appreciate that.

Ms. Huff, let us hear from you now. I made a statement earlier about the activities of your organization and so I would like for you now to give us your comments.

STATEMENT OF LAURIE HUFF, EXECUTIVE DIRECTOR, TURNING POINT, MOUNT CLEMENS

Ms. HUFF. Thank you, Senator Riegle, for letting me be here this morning and I would like to thank Sherry, Tom, Charles and Sara for sharing their experiences.

Sara spoke of many, many women that we would see on a daily basis. My heart goes out to her and the other women that we just don't have the answers sometimes to help them.

I am basically here today to talk about children of homeless people and how they are affected. I would like to tell you a little story about one.

Raquel is a 5-year old child that came to live at Turning Point. She was delighted by the fact that she'd have her own bed, her own blanket and food to eat. She was ecstatic that she could go to school and take the bus. On Halloween her dream came true as she was dressed in her fairy princess blue dress and her sparkling Burger King crown.

Raquel is typical of the many children we see at Turning Point. Last year, 692 children and their mothers lived with us. They came from living in a car, moving from marginal house to marginal house, shifting from Cousin Lynn's to mom's girlfriend's house, or they left a lovely home because daddy beats them up.

Turning Point has been in the business of sheltering women and children for 10 years. In that time, we have had the opportunity to watch many families come and go. For many years, the woman held our attention as the key figure in the family crisis, but the overwhelming needs of the children became of great concern to our staff.

Being homeless or from a violent home has many implications for the little children trapped in the core of this turmoil. As the children have come through our doors, many common characteristics have become readily apparent. The inconsistency in their lives has left them frightened and insecure.

Children act out in different ways. Some are aggressive and angry while others are retiring and shy, but each has had the burden of carrying a weight too great for their years.

Inconsistency is apparent in all areas of their lives. Discipline has no rhyme or reason. Sometimes mom is too harsh, where other times she does not react at all. The child is moved from school to school as the family moves from place to place.

Education is not a priority with women who are in crisis. We have discovered that many of these youngsters are not even Head Start ready. They lack the ability to identify colors, shapes, letters and numbers. They are behind in their cognitive and motor skills, but they are advanced in their street knowledge.

Many of the children have a harder time making friends and relating to other children. Their socialization is not at the normal level for children of the same age. Moving around doesn't allow a child to make long-term relationships. This makes the child insecure and suspicious.

It's hard to be the new kid at school all the time. Other children pick on the new kid. They tell you your clothes are funny because they are someone's hand-me-downs.

The teacher doesn't want to spend her time with a child who will only be there a couple of days.

The administration don't want to bother with you at all because you're not generating additional State dollars.

The child cannot compete with other children in language and reading skills.

Sometimes the child acts out in school, making himself or herself unpopular with the teacher and the other children. This only adds to his or her isolation and loneliness.

These children grow up quickly. Most of the families are characterized as a single-parent head of household. The child often takes on the role of the parent, sharing in the decision-making process. The question of "where do we sleep" or "where can we find something to eat" often becomes their burden. The mother confides in the child about her hopes and fears because of her own isolation; there is no one else to tell. The child worries about mom and is often clinging or afraid to leave her side.

Homeless children have many health problems. They are easily susceptible to upper respiratory problems; their immunization records are incomplete; dental care is totally lacking and many have rotting teeth, even before the second ones have begun. Many suffer from stress-related illnesses, low self-esteem and acute irritability.

Homeless children learn to fend for themselves. They are old beyond their years. Being homeless robs children of their childhood. They lack joy and innocence. They've seen too much; they've gone without too much; they've had to worry too much.

Turning Point became aware of the fact that many of our homeless women and children are marginally literate. Through a subgrant from United Way of Southeastern Michigan, we were able to start a new program aimed at increasing literacy and making learning a priority. Every afternoon there is an in-house pre-school for children between 3 and 5 years of age. It's geared at increasing cognitive and motor skills and hopefully making the young children Head Start material.

Every evening there are different groups for mom to participate in from empowerment and self-esteem building, to substance abuse information. With the grant we added a life skills group giving the women basic information on budgeting, time management, stretching their dollars, how to use their food stamps and stress reduction, and on and on.

We have hired three additional childcare workers which enables us to have an after school tutorial session to help with homework and evening games and activities built around learning, improving communication skills and raising selfesteem.

The Childrens' Services Coordinator spends much of her time developing better communication and relationships between mom and child. She holds groups with the children on dealing with anger, fear and self-esteem. This program goes unfunded next year.

Life in a shelter is not perfect, but to many homeless women and children it is a safe place.

I would like to close this testimony by reading some passages written by children living at Turning Point, when asked how they felt about being there.

Jenny, age 7: "I feel great being."

Sam, age 12: "Very thankful and happy that we have a home." And probably one of the most understanding statements is from:

Jamie, age 14: "I would tell them that not all homeless and battered women are sum. And that anybody could end up in the same situation."

Thank you very much.

[Applause.]

The CHAIRMAN. Well, that was a very powerful statement, as well. You know, we have three little children with us here today and it really helps underscore what you have been talking about in that very powerful statement and thank you for it and thank you for your professional commitment and the difference you make in people's lives.

Let me now move to Clyde Poag who I've introduced before who is with the Veterans' Readjustment Counseling Center in Grand Rapids.

Clyde, we are pleased to have you with us today.

STATEMENT OF CLYDE POAG, VETERANS READJUSTMENT COUNSELING CENTER, GRAND RAPIDS, MI

Mr. POAG. Senator Riegle.

I am very appreciative for this opportunity to be able to talk about the status of the homeless veteran in Michigan and two of the cases that have already been considered were in fact, veterans, Viet Nam veterans.

I shall be speaking to you primarily from the perspective of my capacity as Team Leader for the Grand Rapids Veterans Center, which, as you know, is part of Readjustment Counseling Services of the Department of Veteran Affairs.

In addition to serving as Team Leader, I am the Region 4 Coordinator for Services to the homeless veteran and in this capacity I participate on the Readjustment Counseling Services National Working Group for the Homeless.

Finally, I am a clinical social worker.

Ever since 1980, certain veteran centers located primarily in major metropolitan areas have been seeing small numbers of homeless veterans. However, it was observed during 1985 that the numbers of these veterans coming for assistance began to increase. For that reason, a survey was conducted by Readjustment Counseling Services from October 1985 through February, 1986, which established that approximately 10 percent of all new veteran center clients during that period were homeless veterans. In response, Readjustment Counseling Service established a special working group on the homeless veteran. In collaboration with this group, a second survey was conducted from January 20 to February 20, 1987. This new survey revealed that the percentage of homeless clients seen in veteran centers had arisen to 14 percent.

While both surveys were conducted during the winter months—at a season where it is the most difficult for the homeless veteran—we do not construe the results to reflect annual rates.

By their strategic location to the community, veteran centers are uniquely positioned for outreach and contact with the homeless veteran. For each contact with a homeless veteran, staff performs an assessment and the veteran is usually referred to various agencies which can provide the necessary psychiatric, social and economic services.

A multitude of both VA and non-VA resources are mobilized. During the course of delivering these services, veteran centers provide an average of two to five consultations to the veteran before a referral plan is established and referral occurs.

A small percentage of homeless veterans also present signs and symptoms of post-traumatic stress disorders and other readjustment problems related to war trauma. These veterans are seen at the veteran center for a longer period of time and each veteran center has a designated homeless veterans coordinator who serves as a liaison with the other VA medical center, VA Regional Office, etc.

By way of any further amplification about the homeless veteran, I would like to share with you that the 1987 survey found 80 percent of the homeless veterans had an honorable discharge; 7 percent have a general discharge; 41 percent had a high school education and 25 percent had some education beyond high school. Finally, 56 percent of all interviewees said that they served in Viet Nam and 48 percent stated that they were combat veterans.

Turning now to some other aspects related to the work with the homeless veteran, I am delighted to tell you that the Readjustment Counseling Services Working Group for these veterans is finalizing the results of their work in a special report due to be circulated shortly.

The report contains comparative historical background information on the homeless veteran from the Civil War to the present. There is an extensive statistical description of these veterans and a discussion of possible causes for their homelessness, including the role of war-related trauma.

The report is amply illustrated with examples of presenting problem profiles and treatment processes involving veteran centers, other VA programs and the public sector service provider.

A second project is planned which will be primarily on the order of a casebook and completion of this project is scheduled for six months from now.

At the veteran center level, there are a number of interesting activities now underway that are providing assistance to the homeless veteran.

In the Chicago, the veteran center, which is also a Veterans Resource Center, is developing a collaborative working relationship with local resources to provide transportation services to the homeless.

At the veterans center in Grand Rapids, the staff has enlisted the aid of city government and the YMCA to obtain shelter, ID cards and public assistance for the homeless veteran.

In Houston, the veteran center is currently on the Homeless Community Mentally Ill Advisory Board and these counselors are outstationed at the San Francisco veterans center.

Staff from the Brooklyn veterans center conducts group at the VA sponsored drop-in center and there is a close referral and follow-up relationship between the San Antonio Veterans Center and the San Antonio Veterans' Administration Medical Center.

I would like to tell you about a couple of cases that I have encountered in working at the veterans center.

One encounter was with a man with dirty bandages on his leg. He was taking the bandages off with a kitchen knife. The sores on his leg were draining and about the size of a half dollar. The man, as it turned out during interviewing, turned out to be a veteran and we had to get him into the VA Outpatient Clinic for treatment.

Now, to conclude my remarks, let me say that there are several different problems that we see leading to the homelessness of veterans. One of the leading problems is unemployment, substance dependence, family problems, readjustment difficulties, post-traumatic stress disorders and many psychiatric disorders, including psychosis. None of these problems can be approached individually and a wide variety of resources are needed to which Readjustment Counseling Services and the Veterans' Administration Medical Centers are an integral part.

Thank you for this opportunity to make these remarks to you and I would like to ask if there are any questions from anybody.

[Applause.]

The CHAIRMAN. Thank you, and let me say to you how much I appreciate your professional commitment, as well. You know this day is an important day for all of us because you are really cross-relating your experiences because we are beginning to see the range of this problem and the different forms it can take and the different ways in which it has to be looked at and understood. It is not a simple one as you pointed out in your testimony.

Let me now indicate that we have two more witnesses we are going to hear from and they will provide a somewhat different perspective in the sense that Crystal Feeney, who is the Deputy Director of Asgard Enterprises based in Traverse City, MI, is going to give us a perspective from an outstate or more rural kind of understanding.

Asgard Enterprises is a non-profit human services agency that provides a shelter in Traverse City which housed over a thousand adults and 100 children during 1989. Crystal is going to explain the services that they provide which will include referral to resources in the community. She will also profile the typical rural homeless person and talk about the unique problems that occur for the homeless in the rural setting and I hope as well, Crystal, any case history that you may be planning to give some but any case histories that would fit in the flavor of what we have been hearing that you have seen that really help illustrate that make real this problem, that you'll cite those.

She will be followed by Peggy Posa who is the Executive Director, Coalition on Temporary Shelter and she will give an overview of what the urban provider is dealing with in terms of the nature of the homeless. COTS, as it is called, is a non-profit organization dedicated to providing temporary shelter, food and clothing and social services to the homeless.

They have a three-tier program consisting of emergency shelter, short-term shelter and single room occupancy. This program has been used as a model to others providing this type of service.

Peggy will testify as to her personal experiences providing direct services in the City of Detroit as well as explaining the problems encountered by the homeless in large urban areas.

So, Crystal, why don't we begin with you and then we will go to Peggy.

STATEMENT OF CRYSTAL FEENEY, DEPUTY DIRECTOR, ASGARD ENTERPRISES, TRAVERSE CITY, MI

Ms. **Feeney**. Thank you.

I am please to have the opportunity to testify before this committee and I hope my comments will be of assistance to you as you look at the ever increasing problem of homelessness.

People often start out meetings that focus on the homeless and then find out who are the homeless and where do they live.

As has been referred to today, there are no simple answers to this question. Homeless individuals come from all walks of life, from individuals with substance abuse problems to the single mom who was evicted from her home, to the family of ten who came to Northern Michigan to work on fruit farms but could not find enough work; to the mentally ill individual who is released from the institution who may not necessarily want support from anyone. So, again, as I have said, individuals come from all walks of life.

The homeless individuals in the rural setting are not as visible as we see on TV and in the newspapers in the larger cities so many times people question are there really homeless individuals in the rural setting?

Most of the individuals who we do see in the rural settings will many times find temporary residence in a campground, an abandoned trailer, in abandoned cars, in a hunting shack or move in with relatives or friends and become an extended family.

For the individual who cannot access a shelter, their ability to find permanent housing becomes more and more limited for them and their duration of homelessness will continue on and on.

I recall a family of ten members who had been living in a trailer which was of a size to comfortably accommodate four people. They had been living in the trailer for 7 months. They used a wood stove for heat. The head of the household held a job until his car broke down and he could no longer get to work. The father and two sons hunted for the food to feed the family. The family never sought assistance from anyone until the trailer caught fire and burned to the ground. At that time the family did receive assistance from the shelter and other agencies. At that time it was divided into smaller units. One group was placed in a home and others were placed in an apartment. Two members eventually did find employment through assistance from the shelter and the other services.

There are at least seven major factors that contribute to the problem of homelessness in the rural setting: Poverty, low paying jobs, lack of low income housing, release of patient from institutions, inability to access services, transportation; and the factors go on and on.

I would like to describe several categories of rural homelessness. One category that we see is represented by the individual who possesses very limited education, minimum job skills and little motivation. The majority of persons in this group have been unable to hold steady employment and consequently find themselves homeless.

Another group is characterized by the working poor. Although they are employed, they do not earn enough to secure year-around housing. This condition may persist in areas where the economic base is tied to tourism and subsequently employment is very seasonal. Often the cost of housing in such areas is higher relative to other regions. With low paying jobs and high housing costs, an individual finds oneself in a "Catch-22" situation. If they work at the prevailing low wages, they will likely become ineligible for financial assistance and they cannot find affordable housing.

An example of this is a single man who came to the shelter. He held two part-time jobs, and even though he worked the equivalent of a full-time position, he could not find a place he could afford to live in unless he moved in with someone else, which he did not want to do.

The third category of the homeless is exemplified by the individuals who just do not want any help. They tend to drift from town to town.

The five-county area served by the Good Samaritan Emergency Shelter is fortunate to have a variety of resources to be utilized by the homeless. However, accessing these services can be a problem for constraint. Although the major problem for the homeless is the lack of affordable and adequate housing, increasing the stock of available housing is not going to solve the problem of homelessness.

Experience shows that even when housing has been found for an individual, that without ongoing support services the potential for the individual to be homeless again within six to nine months is very prevelant.

Networking and basic integration of services for the homeless is a step that must be taken along with the construction of additional housing units. I believe that involvement from the business community in planning and development of programs for the homeless is imperative if a permanent housing situation is going to be developed for an individual or household.

An example of successful networking which is needed and the support services necessary to assist a homeless individual is the case of a young pregnant teenager who came to our shelter because she was kicked out of her home. By the shelter working with the office which administers the Job Training Partnership Act, the involvement of a local teenage parenting program, and giving her the support she needed, she is now employed. She is receiving prenatal care but she is still unable to find adequate living conditions.

The problems and solutions revolving around homelessness are directly related to accessing services and working with the homeless individuals as they begin to deal with the causes for their situation. Outreach Programs are needed, along with incentives to get off Welfare, rather than many of the present financial disincentives.

Senator Riegle, you stated earlier that we are one family. This is a mindset that must be maintained if we are going successfully to be able to work with the homeless problem. Agencies need to get rid of the turf issue and start working closer together.

[Applause.]

Ms. FEENEY. Resources are wonderful assets in any community, but without the means to access the resources, many individuals are being overlooked and the problems continue. By developing a continuum of services to assist the homeless population, and by assuring accessibility, meaning taking the services out into the truly rural areas, the problem of homelessness in rural localities will become a more manageable problem.

Thank you.

The CHAIRMAN. Thank you very much.

I did have an opportunity, of course, to visit with you in Traverse City and see your program to get some sense of what you have been doing there and I think it is—one of the things I learned is that the profile of circumstances really was quite different in the rural areas than we find it to be in the urban areas; transportation being one of several things that you cited, but a very important one to understand.

Also, I thought it was very interesting the response you got spontaneously from the room when you pointed out figuring out how we know when turf issues sort of get us pigeon-holed and understanding the fact we are talking about a continuum and that we are all together doing, in a sense, the same thing. We are affiliates and colleagues in the same general effort, but sometimes it is very difficult because we all get pinned down, struggling so hard with our own mission and our own struggle to try to keep our operations going and to—almost every operation that I find, social service operation right now in the State is now just stretched to the outer limits because there's so much they have to do and so little in the way of resources with which to work and so in the perfect world, I think, we would all find it easier perhaps to find each other and cross-connect, but one of the reasons—well, that has to be our motivation and our attention, hopefully what we accomplish. I can see, too, why this is sheer pressure, the day in and day out activities is so severe on each organization, it is awfully hard to find out what somebody is doing or, you know, get the lifelines in place that might otherwise be there and which we need to have.

Again, I want to thank you for your personal commitment and what you're doing.

Ms. Posa, we'd like to hear from you now, please.

STATEMENT OF PEGGY POSA, EXECUTIVE DIRECTOR, COALITION ON TEMPORARY SHELTER

Ms. POSA. Thank you.

While homelessness is known to be one of the major social problems facing us currently, it is one often discussed and evaluated in terms of the numbers game, particularly in this census year.

My focus, like others today, will be on the faces of the homeless women, children and men who come to COTS. We have 140 emergency shelter beds, and about 78 longer term transitional living rooms for single people.

In the Shelter we provide daycare services for 2½ to 5 year olds; mother and infant services, adult literacy program; counselor assisted services at the local elementary school. This is twice a week by the Health Care for the Homeless Mobile Medical Team.

Who comes to us? The following three examples cover a period of three years:

1. A family—a mother, father and 9 children, ages 1–14, the youngest of whom was a diabetic.

They left where they were living because the landlord refused to make essential repairs or permit the tenants to do so. The father was employed by a major auto company. They stayed 57 days, contacting real estate agents, HUD, the city—anyone—to find at least a four-bedroom house they could afford. Sometime after they moved there was a fire at their home and two children died in it.

Safe, sanitary, affordable housing was their need.

2. A widow and three of her four children, ages 15 to 13 stayed with us. She was employed and received a Social Security death benefit.

The children were with her on her first visit to COTS.

Five months later, she returned alone. She needed a place to live while attending a drug therapy program in order to regain custody of her children who had voluntarily been made "wards of the State" and were living with relatives.

She moved from the shelter after 10 days to the longer term transitional services program. She continued to attend N.A. meetings, eventually moved and regained custody of her children.

A variety of strong support services was her need.

3. The third example is a composite profile given to me by our caseworkers:

Single male or female—or mother with one, two children—often depressed and confused.

Escaping from troubled relationship situations with parents; with permanent or temporary partners; with relatives with whom they've been staying.

Often lacking some basic skills, parenting skills, literacy, job readiness; often with health problems which range everywhere from the need for prenatal care to ulcerated sores from IV drug use.

Needing not only housing that's decent and affordable but connection with a strong and varied support network that is the only road to real restabilization program.

There is no "quick fix" for any of these people. It is not simply—and I use the word loosely—a need for safe, sanitary, affordable housing, even though it certainly is that. Real restabilization of families and individuals requires a continuum of network services and support.

COTS provided over 40,000 shelter nights last year—serving 5,007 individuals; 1,160 of whom were children.

What we must remember about the "homeless", as the media and others have begun calling them, is best captured in the words of one of our shelter guests on the Census Enumeration Project's S-night held last week. When asked by a TV interviewer why she wanted to be counted she said, "Because I am somebody".

I would like to end my testimony by giving one fairly revealtory fact.

In the 10 years between the mid-1970's and the mid-1980's the number of rental units available for $300 or less in this country decreased by 1,000,000 units. The number of rental units available for over $400 in that same period increased by 4,500,000 units. That sounds to me like a decision about who we are going to house.

[Applause.]

Ms. POSA. And my last comment. While we struggle to solve the problems, let me say it is my view that we should not be about creating a new industry called Sheltering, but about solving the problem.

Thank you.

The CHAIRMAN. Let me thank you as well for your leadership and for your very important, powerful statement.

I want to say to all of our witnesses that have testified thus far that I think again the composite of testimony we tried to structure in a way that would lay out different aspects of this problem begins to bring into focus, I think, in broader context with which we must see it and come to understand it.

I want to make a few more comments, but I want to be sure to spend some time in personally thanking the witnesses that have spoken.

I said earlier that I am going to keep the hearing going on so that those who may be here who have statements to make and want to do so can be accommodated and I will try to take some of those and I may at some point ask Kevin Chavers, on behalf of the committee, to also take some of the statements until we've had the opportunity to get down anything that anyone here wishes to give to us in the way of an insider perspective.

Let me just, if I may ask—I don't know what to presume one way or the other—could I ask for anyone who would like to make a formal statement today beyond a written statement to raise their hand so that I can see how many there might be.

[Audience raising hands.]

The CHAIRMAN. I see 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, perhaps 11 or 12 other individuals or group representatives who've indicated that desire. I want to accommodate that, and I will accommodate that. We will be taking a little break here. I don't know how our stenographer is doing over here.

I think we'll take a break, but before we do that let me ask, if I may—I'm going to have a member of my staff—Pat, why don't you go over by the coffee machine and have the people walk over.

I would like all the individuals who raised their hands and would like to testify if they would please come over to tell Pat now so she can get the names and orientations if they are representing organizations and we put together an orderly list so that everybody who wants to do so is included and then we can put in motion a procedure for that.

Let me just ask—maybe the group can step out into the hall with Pat. I want to make a couple of other comments and I want to have enough order in the room.

May I have order, if I may.

If I can, I would like to make two or three other personal observations and we will take a brief adjournment here before we undertake to hear from those others that have indicated a desire to become part of the formal process.

I think one of the last comments that was just made in reference to the person who indicated they wanted to be counted in the Census because they were somebody and they wanted to be so acknowledged.

I want to say again that, you know, everybody is somebody and the people out there in our society who may be in the most extreme circumstances right now are nevertheless a very important part of our country and part of us. That philosophy which I think we have had during the 1980's tended to get away from to too great an extent has to be the centerpiece of what the 1990's is all about and that is understanding these relationships and getting ourselves connected so that this society of ours and this nation of ours thinks and acts in a humane and fully inclusive way.

There ought not to be a child in this country that doesn't have the decent opportunity to have a good life.

There ought not to be the senior citizen or the person of any age in between birth and old age that also doesn't have the opportunity for a decent way to live in our society and that means housing. Yes, it doesn't mean just shelters. Shelters are, at best, a temporary way to get somebody situated and stabilized so they can move on into something that is of a permanent sort and that is really to say to become part of the central goal structure of this country.

Now—and that means some change in thinking. It means some change in the emphasis. You know, we have put a lot of emphasis on going after the Rolex watches; lot of publicity given in the newspaper to Donald Trump trading in his 250 foot yacht for a 300 foot yacht.

There is a lot of emphasis that goes to the bidding up that is going on for the very fine and very scarce paintings and works of art in this country. That is all well and good in its own way as such but I think those become beyond a point a measure of some of the excesses in our society in terms of focus that we have gone off on that really is—takes us away from the basic and the real and the humane things that relate to the kinds of problems we have been talking about today.

The people in our society who need our help are not going to be seen as worth or help or the focus of our help and America is not going to have a very happy future. If we are to proceed in this fashion we will have a society that cracks along different lines. There will be those who are very well situated and who have all of the wonderful things that life can bring in material ways and by the same token, we will have the other end of our society at a very large and growing number of people who have very little, if anything, at all and who are struggling and who are not able to fulfill their potential. I think to the extent that that happens in that way, that that is a terrible—it's more than a shortfall, it's a violation, I think, really, of what the country is supposed to be about. That is to think in inclusive terms about everybody in our society.

I think the United States today needs to have a serious talk with itself and a serious period of reflection on these questions and on this issue of where our priorities should be and the degree to which people count; whether people should come last in line or whether people should come first. I think it is proceeding in a way that tends to push more and more people to the very last of the line when in fact, you know, I think the founding documents of the country and what we say we believe in the way of a moral code and a human value code says that people ought to be up at the front of the line. They ought to be at the top of the list in terms of our priorities.

I think we have to have a talk with ourselves in this country in the sense that a hearing like this gives us an opportunity to do some of that, at least those of us who are within the scope of the experience.

This Committee record will be part of a broader committee record. It will be read and considered by others and I hope to put an abstract of what we have heard today in the Congressional Record, read it into the record on the Senate floor so it has a much broader audience in terms of some of the most important things that have been said here today.

Every person is responsible for, I think, a higher level of personal leadership to try to do something about changing the situation. That means all of you in the room that are devoted to helping to try to make a positive difference and each and every one of us, all of our witnesses today and our three individual witnesses are all struggling in their own ways to try to make their own lives better and trying to get up a notch or two notches, or five notches or ten or 20 notches. We all have to help in every way we can to see that they can accomplish that.

But all of us in here, I think, have certain responsibilities that we take out of this room today that are larger than the ones we came in with because we are all wiser and deeper people by virtue of the fact that we have spent this period of time together and have heard these things.

We have heard real things that are important and ought to make us bigger, and better, and stronger and more committed to making a positive change ourselves and so my commitment to you will be in personal terms that I will exercise the powers that I have, job-related powers, and my personal ability to take and try harder and try to set higher goals in these areas and get more done. I'm determined to do that. I say that to myself, in addition to saying and sharing it with you.

I have to ask the same thing from everybody else in the room because it's going to take all of us and others to make the surgent [sic] effort to really make the kind of difference and to change the direction that the country as a whole needs to make.

I think the people of America will respond if they understand what the needs are. If we can make these problems real enough and tangible enough, I think most people in our society will say: "Yes, I want to do something about that. I want my tax dollars and I want the commitment of the country to be used in a substantial measure to do something constructive about changing these thing for the better."

I feel most of our people feel that way. Most don't know what we've heard in this room today because it's too far outside the scope of their experience to be able to necessarily know as we are now privileged to know. The privilege of knowledge carries a responsibility for actions, so all of us today, I think, carry that duty, that civic duty, out of here with us.

I feel very strongly about it. I don't say it in the form of a lecture; I don't feel that it would be appropriate to do that. But, I make it certainly as an appeal, an appeal in a family sense of obligation that we have to each other and to our nation as a whole.

If we are going to have a good and great and strong America, we have to build it person by person; we cannot leave anybody out.

[Applause.]

The CHAIRMAN. Let me do this. I must step out for a minute; I want to talk to the witnesses that have already testified and I've been asked to respond to some questions from some of the press people who are present.

I have a list of 13 individuals or groups who have asked to speak. We have put them down in order and they will be called to testify at the table in the following order:

First will be Mr. Eugene Seals who will be representing the Detroit Rescue Missions.

Second will be June Cronk who represents the Center for Handicapped Affairs;

Third will be Mr. Eli Katz, who will represented the Jewish War Veterans;

Fourth will be Mr. Wayne Laviolette, who represents the Jewish Vocational Services;

Fifth will be Mr. Ted Phillips who represents an organization called P.L.A.N.;

Sixth will be Shirley Bechill from the Gratiot Emergency Housing Corporation;

Seventh will be Bill Grigor, who represents the South Oakland Shelter;

Eighth will be two persons representing the Heartlight Center, Virginia Alexanders and Arnie Gerstein.

Ninth will be Maxicela Anooshah who representing Hispanic Services.

Tenth will be LeRoy Jackson from M.E.S.C.;

Eleventh will be Pastor James Jones of the Lighthouse Mission;

Twelfth will be David Fukuzawaj of New Detroit and they've given us a statement as well to be made part of the record;

Thirteenth will be Florence Cook who represents VISTA.

There may be others who will be identified beyond this list.

I am going to step out for a minute. Kevin if you will come and take this chair and take the gavel.

I would like to ask each of the witnesses to keep their remarks within 3 to 5 minutes. If you have a longer statement, we'll make that as part of the record.

Mr. CHAVERS. The first witness will be Mr. Eugene Seals from the Detroit Rescue Mission.

Mr. Seals.

STATEMENT OF EUGENE SEALS, DETROIT RESCUE MISSION

Mr. **Seals**. I appreciate the leadership that this committee has given in this hearing and I would like to make a statement.

After approximately 81 years of service in Metropolitan Detroit, the Detroit Rescue Mission has found it incumbent to focus on four basic cycles in the work that we do: The cycle of poverty; the cycle of homelessness; the cycle of addiction and the cycle of crime.

Briefly, there is intense interplay between those cycles.

We have 150 full time residents who are involved in the recovery program.

Every day we deal with up to 120 additional transient men who come to us for food, lodging and so forth.

We do all this with 70 full time professionals and support staff.

We are on the verge of expanding our program to add a 72-bed facility for homeless women and children.

But unless you and we together, impact the cycle of poverty our clients are likely to find themselves caught in the cycle of homelessness, addiction and crime again after they have both been cured.

Our clients come to us with problem of helplessness and addiction, but they have many other problems that interact with these problems. In our individualized treatment, our clients identify and attempt to address those major problems. Upon successful completion of treatment goals, the client works to improve his life skills until they find a job. We find that that process takes a lot longer than we would like it to take.

It brings me to the point that Detroit seems to have relatively few jobs available for some people. Detroit has an inadequate transportation system for getting people to suburban jobs. These are problems that mostly needs to be addressed as we talk about the four cycles that I mentioned before.

In summary, what we say is that in addition to some of the other things I heard, which I support, during this hearing, we need greater management and accountability in the use of the scarce resources being devoted in the area of homelessness and we need to take an assistance approach to the problem so that we can work at solutions that can be permanent as opposed to temporary.

I have four suggestions to start with:

1. That you do provide refunding of existing programs and maybe some new, innovative programs as well.
2. That you implement and require evaluation of effectiveness of programs as a criteria for continued funding. That you also require longitudinal studies to help determine the measure of effectiveness of the type of programs we implement.
3. That there be increased emphasis on co-dependency counseling, family counseling, how to use leisure time constructively. We find that our clients are not the only ones that are hurting, but that they have two, three other, maybe more, significant others who they are involved with them in their hurts.
4. That there be increased emphasis on the use of creative approach such as a drug-free recreational league, massive group therapy in terms of providing significant help for the kind of people we see on a daily basis.

Thank you.

Mr. **Chavers**. Thank you, Mr. Seals. I think that you'll find that the housing package that the Senator presently has in committee, addresses some of your concerns on point. It does attempt to direct more resources to the homeless programs and to reform the existing programs such that the people closest to the respective needs can design the programs to the specific needs and he also recognizes that the homeless problem is part of the larger comprehensive affordable housing and poverty problem and intends to do that, not from a stagnant role but instead from a larger comprehensive approach.

Thank you.

We will next hear from Ms. June Cronk, Center of Handicap Affairs.

STATEMENT OF JUNE CRONK, CENTER FOR HANDICAPPED AFFAIRS

Ms. **Cronk**. Thank you.

We serve population with a variety of handicappers, including recovering substance abusers, mentally ill and all areas of the physically handicapped as well.

The population we serve is 70 to 80 percent under the poverty level.

I am very happy to be here to have had the opportunity to hear the testimony today from people who are seeing and hearing the same things that we are.

Frequently when you are a volunteer advocate and you are working with the population you tend to feel that nobody else knows what is going on. It may be that nobody cares that this is going on. So it is wonderful to be here today to hear people who say and feel the same things that the rest of us that are in Lansing and various parts of the State feel and hear and feel.

We have heard today an outcry for more services at the community level. Homelessness does not exist by itself. We have heard that lack of jobs, lack of education, lack of adequate mental health care and medical care can contribute to homelessness.

Those of us who have work with the handicapped for many years as I have, almost 19, know this to be true; they are all tied in together.

Today, we have heard an outcry for more help. Do you know that in Lansing and the mandate of the Governor today, that the Social Services budget will be cut across the board two and half percent because they don't have the money and the governor, the governor of this State, James Blanchard, has not even concerned. He is taking money away from mental health; he is taking money away from Social Services; he is taking money away from Public Health, all of which provide absolutely necessary services at the community level to the very people that wound up here today?

The same thing is happening in Washington. Senator Pryor has introduced a bill to mandate that medicaid recipients will receive only the cheapest prescription drugs available in a therapeutic class. If there are 50 antibiotics, medicaid recipients will receive only the cheapest one there is. If there are 50 anti-psychotics, or 15, the medicaid population is going to get the very cheapest they can get. That makes no sense, absolutely no sense, at all.

We have heard testimony here today from people who need more, not less.

We went through 8 years of the Reagan administration at which time we heard the great communicator, after 45 minutes of exceptionally deep thought on his part that the homeless were homeless because that's the way they wanted to live. Not once, not once today in testimony have I heard anyone say he was homeless because he wanted to be homeless.

[Applause.]

Ms. CRONK. I waited through 3 years of the Reagan administration for the trickle-down theory and I never saw it happen and today we now have George, "I'm not going to eat broccoli because I'm the President of the United States." Bush who says to us, "Oh, yes, we want you to have homes and we want you to improve services to your people and, good heavens, you need to do something with your home life but we can't really give you any money to do it," so figure out how you're going to do it without money.

We also have seen the report from the Northeast-Midwest Congressional Coalition which sounds like Michigan got $56.3 billion—that's what it reads, folks, billion, not million less than it should have received in the past 8 years based on our population from the Federal Government. That held true all across the midwest. Every State in the midwest was shortchanged by the Federal Government. For us it was $7 billion a year, $7 billion. Do you know what we could have done to the homeless, sick, hungry, mentally ill, those that need substance abuse shelters, with that much money?

We have to demand—I am not saying we have to ask; what I'm saying is that we have to tell the administration in Washington which is now sitting on 10 years of its complacent rear that we need not only commitment, not only talk; it's "put your money where your mouth is, George, because we don't care if you eat broccoli or not. We need money to service our population. Hang on to your stealth bombers, do whatever you want with them". I have a couple of suggestions that I won't mention here, but "we need that money for our people." Never in my life, and I am 50 years old, have I see a time when people who are willing to work couldn't find a place to live; could not afford a place to live. Never in my life did I ever imagine I would see 3,000,000 homeless people in the United States today. Never did I think in all my years as a social worker would I see people who couldn't get medical care in this richest country in the world. We take care of everybody else, but we don't take care of our own.

I am here to tell you today: Let them know in Washington we want it here and we want it for our people. We want this Government to once more to be of the people, by the people and especially for the people.

[Applause.]

Mr. CHAVERS. Thank you, Mrs. Cronk. I should say to you that Senator Riegle would share some of your sentiments. With respect to housing, Senator Riegle, along with other Members of the Senate recently sent a letter to the Budget Committee requesting at least a $3.6 or $4 million increase in spending on the nation's housing programs.

Thank you.

Mr. Eli Katz of the Jewish War Veterans.

STATEMENT OF ELI KATZ, JEWISH WAR VETERANS

Mr. KATZ. Yes. I am Eli Katz. I have a two-fold purpose for being here today.

I represent the Jewish War Veterans in the State of Michigan. I'm their State Commander.

I'm here for another reason other than that. I'm very perturbed with what is going on in the city of Detroit. I have been a resident for about 64 years and I just recently moved out of the city and with all the apartment buildings in downtown Detroit that are empty. They're affordable for people, for our homeless people who I've heard now some are getting assistance, they are on ADC or SSI. There is no reason in the world these apartment buildings can't be made available to these people so they would have a permanent address and when they go to get a job, like I heard that one young gentleman that spoke today, the homeless young man. He's very knowledgeable and here he is begging for something. There's no reason why they have to beg with all the housing that is available in the city of Detroit; in all of Metropolitan Detroit, but particularly the city of Detroit. I represent Wayne County but I'm very concerned about the other counties in the entire State as well and there's no reason why they can't give them affordable housing with everything that is empty.

They want to tear down the Brewster Center, the apartments there. There's no reason for that. Those apartments can be made livable. Instead of spending all that money for the waterfront and to make downtown Detroit look great and what they did and all the money the put into Cobo Hall, that's absolutely ridiculous. That money could be used to take care of housing these homeless people. I am not just talking about the veterans, I'm talking about every homeless person that lives in the Metropolitan area or entire State of Michigan.

This is one of my reasons for being here. Another one is I came back from a homeless area near Washington, DC, for the veterans which has to do basically with the Viet Nam veterans, who got a very raw deal when they came back from Viet Nam. I'm not talking about the World War II veterans; 99 percent of them are in good shape. I am talking about the Viet Nam veterans who have been kicked aside. They went to fight for our country. They came back, nobody wanted to talk to them about their mental problems. Sure, a lot wound up on drugs while they were in Viet Nam, but they still needed help when they got back. Nobody wanted to help them; nobody wanted to even look at them.

We have a Viet Nam Veterans' home building on West Grand Boulevard in Detroit where they can go and be housed and fed at no cost to them until they get back on their feet. There is also places for them to go for free medical care at no cost to them at any time whatsoever on a 24-hour basis. So there is—but the city, they're wrong in what they're doing. They're throwing all this money away to renovate all these big buildings downtown, no use to us whatsoever and leave all the homeless people just lying around. When I was in Washington I saw people laying just a block from the capitol, laying on the hot grates on the streets in the dead of winter. In the dead of winter; I mean it was cold out there and here these people are laying out there. There's no reason for that; we have the same thing right here that we aren't confronting and I personally feel the city of Detroit should find better things to do with their money than try to renovate downtown Detroit, to take care of our people that have to be taken care of.

Thank you very much.

[Applause.]

Mr. **CHAVERS**. Thank you, Mr. Katz.

The next witness will be Mr. Wayne Laviolette.

STATEMENT OF WAYNE LAVIOLETTE, JEWISH VOCATIONAL SERVICES

Mr. **LAVIOLETTE**. My name is Wayne Laviolette of the Jewish Vocational Services.

The Jewish Vocational Services has been around since 1941, providing vocational employment services for the disadvantaged, the disabled and the displaced workers in the Detroit area.

We are, at this point in time, faced with, as many social services organizations are, legal service organizations are with the effects of the progressive disassembly of our social safety network. As I have heard today, the testimony from individuals who represent the homeless, the issues of these people are not just simply the issues of self-respect but are issues of progressive disassembly of our safety network.

We have to realize that specially now that we understand that a number are homeless have to have huge resources beyond place to stay, that they also need support services and mental health services.

I would just like to call Senator Riegle's attention and sensitize him to the fact that in the area of mental health, there is significant crises arising in which there is shortfalls which really target the direct services to individual mental health services and those people are waiting, those people who are in need and those people who are currently receiving. Those services are going to be impacted and that's going to contribute to the rolls of the homeless even more so.

When people look at solutions we got to be sure that what we're doing is not creating more problems by ignoring the inter-related nature of our human services.

Thank you.

[Applause.]

Mr. **CHAVERS** Thank you.

The next witness will be Mr. Ted Phillips with P.L.A.N.

STATEMENT OF TED PHILLIPS, P.L.A.N.

Mr. **PHILLIPS**. My name is Ted Phillips with P.L.A.N. which stands for Preserve Low Income and Affordable Housing Now. It's a group that grew out of the October Housing Now March in the Detroit area.

P.L.A.N. is a coalition of Public Housing tenants, the homeless, community groups, churches and other persons and groups who are committed to working and providing affordable housing for the homeless persons.

Obviously, the problems of the homeless are multi-faceted ones. We've heard that today from many, many people.

A common problem with most homeless persons in daily space, however, is something that we've also heard; that is simply the inability to find affordable housing.

We know that in Detroit, for instance, that over 70,000 households qualify for subsidized housing.

We also know there are only funds available to provide for 15 percent of this number. Detroit desperately needs more and not less subsidized housing. Nevertheless, due in part to lack of sufficient funding from the Federal Government, the City of Detroit has roughly 4,500 vacant public housing units at this time. To put this in some perspective, if one accepts the City government's estimate of the homeless in Detroit, there are enough vacant public housing in Detroit to offer every homeless family a unit.

In public housing the cost of utilities is 30 percent of the income. For some homeless families this may be the only source of public housing available.

We need more support from the Federal Government to rehabilitate public housing units to make them available for the homeless.

At the same time, we need to do all we can to make sure that local government does all it can to preserve public housing.

With the level of homelessness being what it is in Detroit, it is a crime that the City of Detroit is planning to use Federal rehab funds to demolish 1,037 units of public housing including the Douglas project near downtown and approximately 800 units of public housing at Parkside. We are not aware that there may be other units elsewhere that are to be demolished.

We would urge the Senator to do all that he can to increase the availability of funds for public housing on the national level and to support efforts locally to stop demolition and to make units available to homeless persons.

We know that the problems of the homeless involve just more than finding housing. However it is very hard—we feel housing is a very crucial first step. It's very difficult to get a job, to get benefits, to get drug counseling and to get other kinds of support for a person who does not have a place to call home.

We feel the housing issue is the first crucial step; we feel that public housing is a very, very vital resource in Detroit and must be preserved and we would urge the Committee to do whatever they can to do that.

Thank you.

Mr. CHAVERS. The next witness will be Shirley Bechill.

STATEMENT OF SHIRLEY BECHILL, GRATIOT EMERGENCY HOUSING CORP.

Ms. **Bechill**. I'm Shirley Bechill representing the Gratiot Emergency Housing Corporation.

We are a unique organization that has been in existence for about 20 years. We are completely voluntary, we do everything ourselves and we have worked out to about a $12,000 budget which is a drop in the bucket from everything that I've heard today. We have an issue to address that I haven't heard yet.

We service a county of 40,000 people. I thought many of the things we were experiencing and hearing from these folks in the last few months is something that is being experienced in every other part of Michigan, not just urban areas, but also in the rural areas.

We have had a number of folks who have been out of work for over three years and we have heard some of that testimony. We're experiencing those same experiences.

What I need to speak to today, not just for our organization, but all the service agencies, the public agencies, the public housing, absolutely everyone in this game.

We have had a very sharp increase in the last few months that we haven't seen in 20 years. We have had funds that we cut this year from last year more people need to feed this year and less dollars.

Our community action organization who services a lot of this area ran out of their D.S.S. shelter money in December. It was the shelter money for the entire year.

Just last week, I had confirmed that they had run out of every single dollar for any services they have for people in Gratiot County.

Our organization has a very small budget. We are the ones who try and pick up those who fall between the cracks. I don't know how we are going to do it.

Last year, everyone fell back on us in April, in May and again in October and November. We can't do that by ourselves. These groups need to have their funding. We are trying to pick up those who fall between the cracks and the cracks are getting larger and larger.

We need this story told and it is our middle class people who are falling between the cracks now.

Thank you very much.

[Applause.]

Mr. **Chavers**. Thank you. Mr. Bill Grigor.

STATEMENT OF BILL GRIGOR, SOUTH OAKLAND SHELTER

Mr. **Grigor**. I am here to represent the South Oakland Shelter.

South Oakland Shelter is a volunteer program, although I am a paid staff member.

South Oakland Shelter is a program that began 5 years ago with volunteer churches taking in homeless guests for one week at time. It has grown from an five-church program to an eight-church program. That should say something about it, particularly in counties like ours where we have not had these types of problems. I vigorously echo the statements that Peggy Posa made about the need for interagency cooperation. The turfing of our attitudes about one another.

I would further echo the statement that because of the massive number and the inadequacy of the governmental ability to provide an adequate fund for us and we are suggesting that in addition to the distribution of the funds, the needs are not becoming less, the needs are becoming greater. None of us want to see this as a permanent situation. I think that's the last thing we want to see. I think that any other attitude other than [inaudible] I don't think that that's going to happen.

I would also like to state that the Senator is correct when he says that as citizens we owe a duty to one another, as brothers and sisters, as Americans, to support our program.

Thank you.

[Applause.]

Mr. **Chavers**. We will now hear from Ms. Virginia Alexander and Arnie Gerstein.

STATEMENT OF VIRGINIA ALEXANDER AND ARNIE GERSTEIN, HEARTLIGHT CENTER

Ms. **Alexander**. Thank you for inviting us to participate today.

We come today representing Heartlight Center, a spiritual light center for people located outside Sturgis in St. Joe County in Michigan.

The **Reporter**. Ma'am, would you slow down? I'm having difficulty following you.

Ms. **Alexander**. We are also here to represent the homeless families in our community. Many labor under the misconception that homelessness is only a problem in the large cities, and metropolitan areas. In St. Joe County, as it is true in many rural areas across the country, homelessness is a big problem and it appears to be increasing.

Along with homelessness comes its counterpart, substandard housing, very high rental costs requires a substandard—substantial portion of the low-income family's income because the [unintelligible] what the Federal Government considers affordable.

So, although the problems may appear overwhelming, we recognize that the solutions are also with our grasp once we, as people, are committed to finding them.

We wish to present to you today both the problems we have encountered and the possible solutions and authorize support in our work to meet the needs of our homeless citizens.

I would desire to keep paying the homeless, to help them obtain permanent housing and more importantly, to let them know that they are people with dignity who are cared about.

Heartlight Center began a voluntary program called Community Care in November of 1988, so that through this program, homeless families are assisted in finding permanent housing, needed furniture and household goods for their new home; assistance with budgeting, housekeeping skills and preparation of low-cost, nutritional meal.

Most of our referrals initially came from the Department of Social Services but increasingly we have been receiving self-referrals as this program is more known in the community.

Other community agencies, such as Community Mental Health of the Health Department, the Domestic Assault Shelter also refer people to us. So far we have worked with about 400 homeless families and individuals.

Who are the homeless? They are many faces and many histories, including addiction, house fires, substandard housing, unemployment, underemployment, layoff, especially with the GM Hydromatic plant closing. Young people, often pregnant with babies; seniors with inadequate income and on and on. Regardless of the immediate cause, they are people for whom society has given the message, "We have no place for you". They lack so much more than just housing; they lack hope, hope that their situation will change and there will be a place for them where they and their families can live in dignity at last.

We have found them living in cars, on porches, moving in with friends, 14 children in one house, in tears and in pain, searching for a way out, searching for a place to call home.

Having a shelter in St. Joe County is a deep concern, as it is in most rural areas. Right now families are put in single motel rooms by the DSS for up to one month during the interim while affordable housing is found.

Very often single people are sent out of the County while the local DSS is trying to deal with the problem in other ways due to the high cost of housing for singles. A temporary shelter would be the answer to the immediate emergency need. Community sheltering process, developed in a community center ran along with the shelter as well as a fully developed workshop will repair furniture, appliances and household items which are presently at the Heartlight Center.

Public housing has not attempted to make things easy for low-income families because there is far too little available and often is not the only requirement the family needs. For example, a family was evicted from public housing because their rent was paid on the 5th of the month instead of the first, their DSS check because it didn't arrive until the 5th.

The requirement that boys and girls can't share bedrooms, although we understand the reasoning, families often need three-bedroom apartments which are often few and far between and often have two or more year waiting lists. Also, some of the public housing requires that the rental amount is not more than 50 percent of the family income. If the rent is $220, the family income would have to be almost $700 per month, well beyond most of our low-income families.

In several instances, siblings that turn 18 are considered adults are evicted from their parents' apartment due to the guidelines requiring that only those adults listed on the original lease may live on the premises.

Public housing managers often advertise openings and then tell our homeless families that they have active waiting lists and no openings. Three-bedroom apartments appear to be very limited in our present structure and our people have been told that they are filled internally by families already within the project in two-bedroom apartments that need three bedrooms when they do have openings.

We have great difficulty accessing with our local public housing.

Thank you.

Mr. GERSTEIN. There is often heard that families become dependent on the system, creating second, third and fourth generation Welfare, public housing families.

As long as the system fails to afford opportunities for these families to learn new job skills, have affordable daycare or childcare and to earn enough additional income to set up independent living arrangements, the cycle is destined to repeat itself and for these reasons we commend the inclusion of S-566506(c) Project: Independence, which addresses the issues.

From our experience, 400 homeless families and individuals in the last 16 months, the greatest need is for affordable housing. According to the guidelines of DSS, a family of four is entitled to $180 for shelter allowance, $79 for utilities. A family of 6 or more can receive $235 for shelter and $101 for utilities.

That family of 4 will need at least two, possibly three bedrooms, depending on the sex of the children.

The family of 6 or more will need at least three or four bedrooms. Obviously, what is given is clearly not sufficient to provide for appropriate housing. So, what does the family do? They take money which should buy food, clothing and school supplies, household goods, furniture, much less a car and gasoline to get out to get a job and this money then subsidizes their housing allowance so that their family has a roof over their heads. With a minimum wage job, the family income would be about $430 per month which leaves little money for anything but rent and utilities, if that.

The Department of Social Services has told families that they know the rates that they provide for housing allowance are not sufficient and they expect them to use portions of their needs monies for their housing. This portion has been anywhere from 30 to 95 percent of their income.

Unfortunately, the quality of housing available for affordable rentals is significantly less than what it should be, increasing the sense of impoverishment and desolation and inferiority that many low-income families experience.

Landlords claim with the rent they offer, they lack the funds to make the repairs and upkeep to maintain the standard of quality which he would expect to afford. Other funding is unavailable to them to assist in the upkeep and to make the much needed repairs and renovations.

Seldom is a three-bedroom apartment available for low income families which leads to inevitable overcrowding in many households as well and then perhaps evictions.

Our recommendations are as follows:

1. That drastic increase in the number of public housing units available, especially three-bedroom units.

2. Re-evaluation of existing policies and guidelines for subsidized housing, how it is to be accessed; prioritization for homeless families; flexibility in due dates for rent to accommodate the DSS payment schedule; inclusion of siblings who reach majority age while a

family is living in public housing. Elimination of contrariness of public housing managers in accepting or rejecting applications for tenancy.

3. Offer incentives to landlords to maintain a rental property as needed. Properties that are kept available and affordable for low-income families.

4. Support through the provision seed money for the establishment of local housing trust funds. These funds could be used for low interest loans to acquire and rehabilitate housing for the homeless and can be made available to interested groups and individuals; and,

5. Proceed with Project: Independence to assist the homeless in developing the abilities, and skills and services to become independent.

It is time were recognize the homeless are honorable citizens and human beings, just as you and I. They deserve to live in dignity and security. We can measure our greatness as a nation and as a people by our dedication and commitment to the Founding Fathers ideals that everyone has a God-given right to life, liberty and the pursuit of happiness.

In a country with all the blessings and resources we have been given, there is no need for anyone to be homeless or hungry. We can change the course of the tide so that the future is a bright one, offering all of our people a life of dignity and hope.

Thank you for your time and consideration.

[Applause.]

Mr. CHAVERS. Thank you very much. Indeed, those recommendations are welcome and as you indicated Project Independence which is part of the Senate Housing Bill. Also the recommendation in which preservation is given careful attention is very important and is something that is also in the works. It has been added to the National Affordable Housing Act, as we are attempting to be responsive to your recommendations.

Thank you.

We will next hear from Ms. Anooshah.

STATEMENT OF MAXICELA ANOOSHAH, HISPANIC SERVICES

Ms. ANOOSHAH. Thank you for giving me the opportunity to come here and voice a concern of one special group.

I represent minorities in Lapeer County.

I come here to mention the problem of the rural area. Why? Because although they are small towns they can have problems and that problem is homelessness.

Why? When you go to a rural area you will find unemployed people, unskilled people. If they work, they are low paying jobs or they are seasonal jobs. There is lack of transportation and one more thing because I'm talking about minorities. And I am not—it's not that I don't want to mention [unintelligible] but minorities have one special problem and that is the language barrier. We feel different problems because they are different culture and although we have the support services, we don't have [unintelligible]. We don't have places where the people can go and they can find where to eat. We are the only social service agency in the County that also have people that have been waiting on the doorstep to see if Marcella can help us out.

Unfortunately, Marcella, with $20,000 in the budget, two part-time employees that would work 12 hours a day, cannot solve the problems.

Generally, if there is funding available they require at least a population of 250,000. We don't have that population numbers. I do know that in Lapeer County which is about 80,000 people; 25 percent of that population is minority, and that is 25 percent beyond the poverty guideline which means there is potential homeless people and if there isn't there will be. There are 27,000 potential homeless in Lapeer County.

If you send them to DSS, they want to ship them out to Flint. Flint is big city. They don't have transportation, they don't know the area and they want to look for a job. Again, they don't know the language and they need somebody to trust. They need somebody to say, "Well, yes, we can help you out with the phone, with the interview, with whatever is necessary." We do have the support staff. We don't have the budget, we don't have the shelters.

And my recommendation would be if the funding is available, why all the time go to the big agencies? Why don't you look at the small agencies with the big problems? We are one of these agencies; we have big problems. We have different approach because we believe in education and I have heard here the different witnesses, the different situations, different orientation and I still believe one is education.

We have the project, yes, but we don't have the funds. We can work 12 hours a day; always working 12 hours a day so we need support from Government.

I speak for those who do not know the language. I speak for those who come to this State of Michigan to give their work but there is no housing available. [unintelligible] for housing, $8.50 for apartment, one bedroom apartment. You need to earn at least $11 in order to be able to pay for two-bedroom apartment. Where is that money? In the rural area the most you can get is $3.35 per hour, if you are lucky to find job.

So please present this to the Senator and to the Government. The small agency can do the job. Give us support, give the funds, give the advice. We are will to work hard to prove that we can do the job. Thank you very much.

[Applause.]

Mr. CHAVERS. Thank you.

I should mention that there is a resource room down the hall for various agencies and service providers. There may be some questions that you have that they can help you with.

We will now hear from Mr. LeRoy Jackson from M.E.S.C.

STATEMENT OF LEROY JACKSON, M.E.S.C.

Mr. JACKSON. I am speaking for the M.E.S.C. employment program.

I am speaking for all the people who hear about this, our support system that we have to help somebody along the way. We assume that they're trying to do the job and trying to do something, the cut off.

Getting back to the homeless situation, I hope the service providers and support system recognize we want to put people to work and to help the homeless. That is just one of the services they provide along with the other services that they provide. They should look at our system and see what we can do for some of these people.

Thank you.

Mr. CHAVERS. Thank you, Mr. Jackson.

Our next witness with be James Jones.

STATEMENT OF PASTOR JAMES JONES, LIGHTHOUSE MISSION

Mr. JONES. My name is James Jones from Lansing, Michigan. I don't have a regular church in Lansing. My work is that of a street ministry and my church is the parking lots and the alleys and the railroad tracks or along the river, anywhere I can find them.

As I work in the these areas I see these people, homeless, alcoholic, addicts, without hope.

What I am trying to do here, I am trying to identify these people. Get them out of the cars, doorways, vacant houses. They are the homeless; they are on alcohol or on drugs. Their address is Michigan Avenue.

You can get them into programs but in the first 30 days you aren't going to cure a man or woman of drug or alcohol that's been over a long period of years building up. At least for 30 days they was free and I was told to bring them home to Lansing and their address was Michigan Avenue. I would drop them off there and a lot of times before the night had went by they was already high or drinking again because they went into their old place down there, their old friends and when I would talk to them they would tell me that if they had a place to go to that if somebody would take interest in them and show them love, God's love to them, or Godly love, that they thought that they could make it and so we, through the Lord's help are putting together a house in Lansing that will house three and four veterans and we're hoping that these veterans that will come in will be able to change their lifestyle and get jobs; help them with their resumes and applications or get them back into school again and if they don't want to do that, we'll put them in some kind of a volunteer program, working in a convalescent home or something of that sort, the hospital or helping elderly people out. And we, which as I say, is still in the process of just getting there. I haven't been able to get there yet. But with this type of program I believe that we will get help for the veterans. And you know, if it wouldn't be for these veterans, these shaggy veterans on the street, and whatever names they call themselves, we wouldn't be here today. Some other country would have this building and they would be calling the shots. And so, I tell, I really believe that we owe the veterans a whole lot. I don't care if it's Viet Nam, Korea, World War II or World War I; wherever we've seen conflict, we owe it to them.

I thank you for the time that you let me come here today and I thank you for the time that you let me talk with you.

Thank you very much.

Mr. **Chavers**. Thank you Pastor Jones.

[Applause.]

We will now hear from Mr. David Fukuzawaj from New Detroit.

STATEMENT OF DAVID FUKUZAWAJ, NEW DETROIT

Mr. **Fukuzawaj**. Dave Fukuzawaj. I know that it has been publicly acknowledged that we have submitted testimony but hearing the testimony I think it should graphically express the problem of homelessness.

I do want to take the opportunity at this time emphasize the important dimension, I think, needs to be emphasized. This is a preventative problem and I think there are many things we can do as a nation to prevent this problem.

Many things have been talked about, talking about housing groups to relieve the problem once it already exists.

One of the specific things I think Congress has to do right away is to reauthorize the low-income, low interest loans of this program, the block, Federal block that goes to the States to pay for the energy emergency program. It is included right now in the Human Services Reauthorization Act of 1990 which Michigan's representative, Kildee, introduced in Congress.

Within that reauthorization bill is the LIKEE [sp] Funds. Let me tell you something what has happened the last few years.

From 1985 to 1990 there has been about a 33 percent cut in LIKEE funds to Michigan. That's about $300 million. What that has meant to this State is that the people's energy caps, that is money that the DSS will pay for energy assistance program has been cut from $650 to $250. That has just put an intolerable burden on the poor. Either people were living in any environment, substandard homes or energy efficient. I know for a fact in my previous incarnation as an urban minister helping a family that two invalid parents, elderly people, and five children. They had to keep that home heated all day long. They had a $900 arrearage which they had to stop paying in 1988. It made them too difficult for them to continue. They were homeless for a period of time and I had to find shelter for that family.

We have heard these stories about our lack of support led to energy shut off in the winter time.

Michigan Consolidated Gas Co. has estimated a thousand families right now without gas. The estimate is 3,000 people.

You heard the one story that Peggy Posa told earlier where two children were killed. MichCon did try to get into that home after they were repeatedly tried to turn back the gas leaks. When they went into that home after it had burned down it was discovered that the family had been using kerosene heaters and they had recently turned the gas back on. Even though we may not approve what they had done, certainly we can understand.

I think the situations we've heard earlier, if we conceive the budget President Bush wants to pass that will, in essence, cut another $20 million coming to the State through block energy grant.

Right now the Michigan Department of Social Services gives us figures that 25,000 people have already exceeded their cap. When you go beyond that cap the money comes out of the personal needs. We've already heard stories how limited the personal needs are. This simply cannot continue. We're only going to see more homelessness; we're going to see more tragedy; we're going to see more people turned out of their homes simply because they cannot pay the gas. Even though the utilities have promised not to shut off the gas for now there's no guaranty in 1991 that that policy won't be changed.

As sort of a final note I would just like to say that perhaps you've heard not only the testimony today but the testimony at the State level about the budget. There's one word that I often hear implied but never exactly expressed or spoken is the word "justice". I think that is the legacy that has come the last eight or so years in the country; that unless we start talking about justice we cannot set our priorities straight again.

[Applause.]

Mr. CHAVERS. We will now hear from Ms. Florence Cooks from VISTA.

STATEMENT OF FLORENCE COOKS, VISTA

Ms. COOKS. Thank you very much for allowing me out for the mentally ill. We did send a letter to Senator Riegle in Washington, DC.

This testimony is offered on behalf of the members, staff, Board of Directors and volunteers of the city of Flint's VISTA Drop-in Center and we want to express our appreciation for your interest in homelessness and for holding this hearing to give homelessness a greater focus.

The VISTA Drop-In Center is a daytime activity Center located in downtown Flint which offers both passive and structured activities.

The Center opens its doors 7 days a week to the mentally ill, developmentally disabled and emotionally needy adults and serves approximately 500 citizens per year. Homeless individuals comprise 20 percent of our consumers, and seek shelter as well as supportive services at the Center each day.

The Center is supported by the Genesee County Alliance for the Mentally Ill, Genesee County Community Mental Health Services, Federal Housing Urban Development Emergency Shelter grant funds, Community Development Block Grant funds and a broad range of community and individual contributors.

Many of the problems that our consumers face in relationship to housing are in the following three areas:

1. The lack of available, affordable housing alternatives.
2. The lack of safe, sanitary housing for a low-income renter.
3. The lack of supportive services to meet the special needs of our consumers in accessing housing, i.e., transportation and the search process.

Centers as ours help, but so much more assistance is needed. Placing one's name on a long waiting list for housing does not enhance their present quality of life. Services offering guidance, training, skill development and employment are as important as offering a bed and a meal.

We ask your help, Senator Riegle, by supporting programs that will allow the homeless, mentally ill, poor and handicapped a chance and what should be seen as their right to have a safe, decent, affordable place to live—a place where they can feel good in saying "this is my home".

Solutions lie within the areas of housing rehabilitation, housing construction, rent subsidies and an increased support service for the millions of alienated, isolated people that are now living in our country in a very desperate way.

Solutions can be found by looking at priorities. Solutions can be found in our hearts.

We thank you for your time and consideration on behalf of those we serve.

This letter is signed by Florence Cooks, Chairperson, VISTA Drop-In Center Board of Directors; Michael A. Fosler, Director, Mayor's Office on Aging and Handicapped; C. Patrick Beal, Social Worker/Coordinator, Vista Drop-in Center.

Thank you.

[Applause.]

Mr. CHAVERS. Thank you.

We have one more witness to testify. Is the Reverend Mozie Lee Smith in the audience?

STATEMENT OF REV. MOZIE LEE SMITH, MISSION PASTOR, LINWOOD AND GLADSTONE

Reverend SMITH. Thank you for the opportunity of allowing me to speak today on this great issue of the homeless.

My name is Reverend Mozie Lee Smith and I am the Pastor of a Mission on Linwood and Gladstone.

Who am I? I am eyewitness to the 1967 rebellion where 18 of my neighbors' houses burned completely to the ground; where my children and I stood out for hours before the emergency fire trucks came in to water the roofs down. After we were allowed to go back in the next day we had no water, no lights, no gas.

Most of the seniors, at least ten of them, had heart attacks. Some of the young people are walking the streets now.

The homeless is a serious problem. For there is a destiny that makes us brothers and no one goes his way alone. All that you send into the lives of others must certainly come back into your own.

These are our sisters and brothers. We have a nutritious program so we feed the hungry.

When we first opened in 1967 we used to sit on the ashes there. It was a building there we rented on Linwood where we housed 35 alcoholics. We made our beds out of milk crates. We walked the streets and asked for food. Not one of the alcoholics was on Welfare. They would not go down and ask for help. I asked them, "Brother, what do you think the Mission is all about?" this is just almost a Welfare tenant. They would go out and try to do little jobs so that we might have food to feed them.

If you've never been homeless, which I'm sure none of you have ever gone hungry, you never had to seek the help of others. There are many times when they'd burn our buildings on Linwood and we would try to board them up and they Cecil that had came by and I said, "Cecil, where you goin?" He said, "Mamma, I have no place to go. Will you please let me come in from the cold?" It was zero weather. We took him in that night. That was 10 years ago and he is still with us at the Mission.

I have two in the hospital right now and I go over there every day to encourage them. They're mentally; they don't even know where they were born.

We need help on Linwood. The city talks about violations, but it's better to be in a building with violations than to freeze out there in the cold.

Is there a solution? This place is searching for a solution. The United States of America can do anything they think they want to do. It's just a mass—whether it's drugs, crime, anything that they want to do, I know that they can do it.

We all here today because we are concerned about the homeless. I truly know that there is hope.

Someone said to me when I was feeding the children on Linwood, I believe that children would eat out of the garbage cans. You know, some of the people in the neighborhood think I'm a social worker. They don't think I'm there to help them. I said "If you need clothing or bedding or something, just come to the Mission and ask us for what you need." So they think I'm going to turn them in because sometimes when I broke in their houses to get children out where they have been in the houses for 2 or 3 days. And they stand on the street and they call me all kinds of names. They think I'm a social worker, I work for the Government or something.

So, when the children eat their lunch during the summertime—we have a free lunch program—I would take the bread and I would put it in the garbage. So the parents decided if I go in the house to see about the children, they wouldn't send the children to the Mission to eat. So one day I was in the alley and they were there getting the bread out of the dumpster. So I had to keep the crumbs in the Mission in order to keep the children in the inner city from eating the bread because they were hungry.

I know today that there is a solution and I say that if you are not a part of the solution, you are absolutely part of the problem.

We got to do something about it and with God's help we are going to do something about it.

[Applause.]

Mr. **Chavers**. Thank you, Rev. Smith.

I want to, on behalf of Senator Riegle, thank everyone for their contribution.

This hearing is now concluded.

[Whereupon, the committee adjourned, subject, to the call of the Chair.]

[Additional material supplied for the record follows:]

STATEMENT OF

THE HONORABLE GEO. W. CROCKETT, JR.

MEMBER OF CONGRESS

THIRTEENTH DISTRICT OF MICHIGAN

MARCH 26, 1990

HEARING OF THE BANKING, HOUSING AND URBAN AFFAIRS COMMITTEE

U.S. SENATE

DETROIT, MICHIGAN

I am pleased to have the opportunity to offer to this hearing my thoughts on the vital issue of providing adequate shelter to all our citizens.

Last week the federal government did something it has never done: it made a serious attempt to count the number of Americans who live in cardboard boxes, in subway stations and overcrowded emergency shelters.

But the number which emerges on Census Day will not end the controversy over how many homeless people there really are. In fact, no one claims there will be a comprehensive total, just counts as to how many people were in shelters or how many people were asleep on the streets and in the places we knew to search. And critics fear that an undercount might even mean existing funds are cut.

Right now no one knows how many homeless people there are in America. Estimates range from 250,000 (HUD estimates) to 3 million (according to the Washington-based Community for Creative Non-Violence). But the Census information will be extremely valuable to us, because for the first time we will have a more accurate picture of what we need to do to try and stop this epidemic of homelessness in America -- and we're going to have to do a great deal.

One of the most appalling statistics to me is the number of homeless women and children out on the streets. Across the nation,

Statement of The Hon. Geo. W. Crockett, Jr.
March 26, 1990

families now make up about one-third of the homeless population. In Detroit, according to a 1988 U.S. Conference of Mayors study, half of the people who don't have a place to live are families with children. In addition, most of those families are headed by women.

Homeless children often aren't in one place long enough to go to school regularly. And even if they do remain in one area, it's hard to study if you live in a car or a noisy overcrowded shelter. Of 468 homeless people interviewed in Detroit during 1989, 44 percent of them said they never completed high school. Their children may be caught in the same cycle of despair. They may never become productive adults because they were never given a chance.

In the 1989 United Conference of Mayors Study, officials from 27 cities were asked which homeless groups needed the most help. Not surprisingly, 78 percent said that services for homeless families were particularly lacking in their cities. In addition, 59 percent of those surveyed said the needs of the severely mentally ill were unmet. The mentally ill now make up about 20 to 30 percent of the homeless. Many of these people were left to fend for themselves during the deinstitutionalization trends of the past 40 years. Community outreach programs and counseling which were supposed to ease the transition never materialized. People who were never in institutions, but need to be, cannot get any help. And the uncertainty, violence and hardship of life on the streets makes it a nightmare for even the most stable individuals.

The survey also says that homeless people who use drugs and alcohol are the third group most lacking in services. In Detroit, substance abuse, especially crack addiction, has left many without any place to live. At least 50 percent of Detroit's homeless are without shelter because they used drugs and were forced to leave their home, or because they had to get out of an abusive situation which was a result of someone else using drugs or alcohol.

Ronald Reagan said that the only people who "chose to be" were homeless. That means between 31,000 and 63,000 (National Coalition for the Homeless) people in Detroit alone choose to be without a roof over their heads. The fact is, people do not choose to be homeless. It is a direct, unwelcome result of the Reagan and Bush administrations' lack of a federal commitment and response to affordable, decent housing.

One of the 101st Congress' major goals will be to make sure federally-assisted housing programs that are due to expire are reauthorized and continue to provide help to people who need it.

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But we need to go beyond just reauthorizing existing programs each year and bargaining with an Administration which does not place a high priority on housing the poor.

Three years ago Congress passed the Stewart B. McKinney Homeless Assistance Act, which contained a comprehensive set of programs to combat homelessness. But the programs have repeatedly been funded well below their authorization levels. Over and over we in Congress find ourselves making supplemental appropriations and finding "emergency" money to try and save programs on the verge of collapse.

It's happening again right now with some of the primary health care programs which are provided for in the McKinney Act. The health care programs are authorized through FY 1991, but the appropriations just aren't enough. The Health Care for the Homeless programs, which are funded by the Department of Health and Human Services, have a $63 million authorization for FY 1990; but the actual appropriation is only $34 billion and $12 million in advance from FY 1991. The problem is that the current annual operating costs of the Health Care for the Homeless programs is $46 million. This funding shortfall means disaster for at least 17 of the 109 programs and phasing out for some of the others. In Detroit alone, one of the neediest cities, three programs are going to be closed down unless we do something.

Other McKinney programs will have to be reauthorized now. But we must go beyond an annual tug-of-war with the Administration; we need something permanent. And more than anything else, we need permanent, affordable and safe housing.

During the Reagan Administration, the budget of the Department of Housing and Urban Development was cut from $33 billion to about $9.5 billion, or by about 80 percent. Not much has changed under President Bush. Very few new units are being built. Legislation enacted in 1968 was supposed to create 6 million new low-income housing units, but ten years later, only 2.7 million had been built. And there is no money to maintain existing housing. Low-income housing units are being vandalized and falling into disrepair, while gentrification is inflating costs in some areas and driving people out who can't afford to stay there. Direct federal assistance and rent subsidies are going to start expiring this fiscal year, and unless we come up with more money, even people who can afford partial rents are going to be out on the street.

Some people say that the federal government should get out of the housing business. They want to leave low-income housing development to the private sector or local governments. These critics say that the federal government is inefficient and corrupt. Under the Reagan administration, which scoffed at its role in providing housing, this was much too true. Congressional investigations have revealed that fraud and corruption at HUD from 1983 to 1988 wasted $6 to $8 billion which was supposed to go toward low-income housing. We cannot afford to waste the precious few resources we have. And we must realize that despite problems at the federal level, homelessness is a national problem, and it deserves a coherent, comprehensive national response.

Let me emphasize again that the only systematic solution to homelessness is through permanent, affordable housing. The National Coalition for the Homeless reports that the number of homeless persons will continue to increase at a rate of 25 percent a year. As this rate is increasing, and available housing is decreasing, we are looking at a national disaster unless we create housing that people can afford. Sometimes only a missed paycheck stands between the "working poor" and homelessness. We cannot allow that condition to continue.

For each very low-income household living in subsidized housing, there are three others who need assistance (Low Income Housing Coalition), but can't get it. The U.S. Conference of Mayors survey for 1989 reported that waiting lists for some or all assisted housing programs have been closed out in two out of three of the survey cities. As the report summarizes, "With the decline in federally-assisted housing programs, none of the survey cities expect to meet the housing needs of low-income households in the foreseeable future."

We need to do what we can to keep current programs for the homeless in place. Nobody can deny that we need emergency shelters to take care of the immediate needs of the homeless. But we can't turn into a "shelter industry." We have to do something that is going to last and start permanently reducing the number of people who are on the streets or have a very good chance of being there soon. The National Housing Act of 1949 says that everyone has a basic right to shelter. I think we can, at the very least, be able to provide decent housing that people can afford. Not everyone will be able to achieve the American dream of owning a home, but this doesn't mean they should have to live the American nightmare either.

COUNTY BOARD
Robert Anderson
Thomas Cooper
Peter Smalligan

STATE OF MICHIGAN

JAMES J. BLANCHARD, Governor
DEPARTMENT OF SOCIAL SERVICES
C. PATRICK BABCOCK, Director

NEWAYGO COUNTY
DEPARTMENT OF SOCIAL SERVICES
1025 James Street
White Cloud, Michigan 49349

White Cloud, MI 49349

February 13, 1990

Mr. Brad Miller
Senator Riegle's Office
Suite 716, Federal Building
110 Michigan Avenue, N.W.
Grand Rapids, Michigan 49503

Dear Brad:

I am pleased that low income housing appears to be both an Administration and Congressional priority area this year. I have reviewed the information you gave us at our February 8, 1990 meeting, and I am concerned that this public policy is being developed without enough regard to other issues which impact on our ultimate success.

The housing crisis in rural America is very different than that found in urban areas. We are predominately a private sector market with private landlords renting to low-income recipients directly. Unfortunately, the average amount an ADC recipient pays for rent in Newaygo County is $216.00 per month, and only nineteen (19) percent receive enough in their grant to pay that amount (October, 1989 statistics). This has a major impact on a family's ability to secure other essentials such as clothing, school supplies, and a nutritious diet, thereby perpetuating their poverty status.

In addition to the inadequate shelter grants and our virtual 100 percent occupancy rate in all housing, the drastic reductions in energy monies and home weatherization monies has compounded the crisis. For $218.00, you do not occupy a modern, energy efficient home. Typically, you do find an old mobile home or a World War II vintage house. Energy conservation is impossible when little or no insulation exists in the unit. The drastic cuts in our energy grants (up to 65% less than last year) will create homelessness or separate families through involuntary protective services actions necessary to protect children. Should the public policy of America be to first cut off benefits and then force families from their homes or each other?

To combat the rural housing crisis and begin to solve the poverty issue, we must address the fact that rural housing is inadequate in numbers, and to a large degree substandard. To address the overall quantity and quality of housing units, we must realize the following. First, poor people do not and will not have the means to secure down payments for owner occupied dwellings. Not only do they not have IRA's, 401K's, or savings, we will terminate their public assistance if they do save up any substantial sum. Thirty-eight (38) percent of our public assistance recipients currently work and report earned income. Wage rates are so depressed that working and remaining on public assistance is a fact of life for many, and further means that working is no longer a way to rise out of poverty. Second, while F.H.A. and H.U.D. rent subsidies require minimal housing inspections, public assistance through Title IVA funds has no such requirement prior to shelter allowance payments. Poor people occupy poor housing, and that will not change without new directions from Washington and a major increase in funding. Third, rural governments do not have the funds to pay any local match amounts as called for in both proposals. The cuts in Federal and State aid to local governments has forced local governmental units to, in turn, cut services to bare minimums.

I would, therefore, urge the following:

1) Continue existing housing programs that allow for new construction (Senate proposal). Target allocations to those rural areas that have a high poverty rate. Limit new construction to either small multi-family developments (20 units or less) or scattered site arrangements.

2) Require zero local match for economically depressed local areas.

3) Work with H.H.S. to establish exceptions to asset limits in AFDC cases if the money is deposited into an irrevocable trust intended to fund a down payment.

4) Restore all energy and weatherization programs until the housing crisis in resolved.

5) Move towards required housing inspections for receipt of AFDC shelter payments.

6) Require local units of government to file low-income housing plans as a condition of receipt of any HUD monies, by anyone, within the local unit's geographical boundaries.

7) Change H.H.S. policy so that no shelter payment is made in cases where entire rent obligation is subsidized (currently, individuals with rent subsidies get a "bonus" shelter payment).

8) Change H.H.S. policy so that ineligibility exists for any shelter payment if recipient is found to have caused intentional damage to previous dwelling.

9) If Congress insists on drug education and employment training services as components of public housing packages, take necessary funds from local unit's allocation, not off the top. Rural areas have a severe crisis that has nothing to do with drugs and employment, and should not be expected to subsidize urban areas who have always received more assistance.

Thank you for the chance to comment. Please contact me if you have any questions.

Sincerely,

James H. McCormick
Director
Newaygo County
Department of Social Services

JHM/cmp

COUNTY BOARD
Robert H. Craig
Annie Hester
John D. Cherry, Sr.

STATE OF MICHIGAN

GENESEE COUNTY
DEPARTMENT OF SOCIAL SERVICES
125 East Union Street
P.O. Box 1620
Flint, Michigan 48502

JAMES J. BLANCHARD, Governor

DEPARTMENT OF SOCIAL SERVICES

C. PATRICK BABCOCK, Director

March 20, 1990

Senator Donald W. Riegle, Jr.
1850 McNamara Federal Bldg.
477 Michigan Avenue
Detroit, MI 48226

Dear Senator Riegle,

Thank you for extending me an opportunity to comment on the subject of homelessness in our state. Hopefully, my remarks will be of value to you and your committee.

Gathering statistics on the homeless is tantamount to grasping a handful of jello. . .you know it's there, but you can't hold onto it. Such has been the case in attempts to identify the homeless in hard numbers. The homeless are a transient population, some in a temporary state of being homeless while others have been in the circumstances for long periods of time.

Michigan's homeless have been estimated from 30,000 to approximately 90,000 in total. The condition is more prevalent in large urban areas as opposed to smaller, more rural locations. I can speak only to the homeless population in the Flint and Genesee County area, being more familiar with conditions in that location. My comments are derived from the experience of the Genesee County Department of Social services and other agencies in the area dealing with the homeless population.

In the Flint/Genesee County area, the definition of homlessness is more broad than as defined in large urban areas. This is due to the fact that homelessness in the Flint area most often occurs due to domestic violence situations in which separation of the family occurs, forcing a mother with children to become disenfranchised of the home. Occasionally, an individual or family will be served in the acquisition of a place to live. In most instances, the individual or family would be from out-of-town or in need because of a fire or other catastrophe in which the home became uninhabitable.

There are four major organizations serving the needs of the homeless in the Flint/Genesee County area. The YMCA, Harvest House, Shelter for Women, and Carriage Town Rescue Mission. The YMCA, Harvest House, and Shelter for Women serve victims of domestic violence and others having need for shelter. The Carriage Town Mission serves men in need of shelter.

Following is an enumeration of services given by these organizations during 1989:

YWCA	
Women	618
Children	969
Crisis telephone calls	1,754

Shelter for Women	
Women with children	401
Women without children	385
Children	685
Men	12

Harvest House	
Women	87
Children	142

Carriage Town Mission	
Men	530

All Others - 200-300

These results indicate that the homeless population requiring assistance is numbering between 3,849 and 4,149. Resources in the area are adequate for now, but utilization has increased over 1988 levels, which indicates a need to be prepared for future demands on the system. General Motors has announced further layoffs (3,000) in the near future as it continues to down-size its workforce. The spin-off from that action could very well impact the homeless situation as unemployment grips the local economy.

Now is the time for agencies and organizations to look toward future needs and pursue available opportunities for funding and program expansion.

Again, thank you for the opportunity to comment on this vital issue.

Sincerely,

Charles C. Williams

Charles C. Williams, Director

CCW:mw

Genesee County Board of Commissioners

1101 BEACH STREET, ROOM 312
FLINT, MICHIGAN 48502
TELEPHONE 257-3020

— COMMISSIONERS —

VERA B. RISON
DISTRICT 1
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JAMES D. COLE
DISTRICT 7
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DISTRICT 8
ROSALYN F. BOGARDUS
DISTRICT 9
DAN HARRELL
COORDINATOR

March 23, 1990

The Honorable Donald W. Riegle, Jr.
United States Senate
352 S. Saginaw Street, Suite 910
Flint, Michigan 48502

Dear Senator Riegle:

Please find attached a position paper to be read at the March 26th Senate Banking, Housing and Urban Affairs Committee Hearing.

We appreciate the chance to express our deep concern for the homeless and poor of Genesee County. Hopefully, the urgent needs of the poor will gain the recognition and funding required.

Again, thank you for the opportunity to share our concerns with this committee.

Sincerely,

DANIEL T. KILDEE
Chairperson
Genesee County Board of
Commissioners

DTK/JAH:dk
Attachment

OFFICE OF THE MAYOR

Matthew S. Collier
MAYOR

March 23, 1990

TO: The Honorable Donald Riegle, Jr.
U.S. Senate

FROM: Matthew S. Collier, Mayor, City of Flint
Daniel Kildee, Chairman, Genesee County Board of Commissioners

RE: Homeless and Housing Flint/Genesee County

We, who are residents of Flint and Genesee County appreciate your concern for the homeless and indigent. We are grateful for your willingness to listen to the inequities suffered by so many of our citizens, and to try to remedy these situations.

Since 1987, Flint and Genesee County have received Emergency Shelter Grants from HUD. City and County agencies have worked together in order to stretch limited federal resources to help the homeless in our area. While we have been struggling to stretch resources, and meet immediate emergency needs, the problems of the homeless have multiplied. You know well Senator, that Flint's economy is based on General Motors, with 52,000 employees. For many of them if a layoff comes, homelessness may be just around the corner and foreclosures have increased, along with the welfare caseload.

	Tax Reversions	Tenancy Problems	Demolitions
1987	1,922	8,744	110-County only
1988	2,129	12,177	102-County only
1989	unavailable	15,500	202-City/County

The HOMELESS POPULATION is made up of the following groups:

1) Single persons
2) Elderly
3) Handicapped
4) Families/children
5) Mentally ill
6) Abused spouses
7) Runaway teens
8) Veterans
9) Native Americans
10) Medically indigent
11) Substance abusers

• CITY HALL 1101 S. SAGINAW STREET FLINT, MICHIGAN 48502 (313) 766-7346 766-7120 TDD •

Estimates based on numbers served by area agencies indicate that the homeless population in Flint/Genesee County equaled 4,500. This number has increased every year with the most marked increase amongst families with children.

The Shelters located in our area do an excellent job providing short-term intervention in emergency needs situations. The biggest stumbling block which they have encountered is being able to locate clean, safe, affordable, permanent residences for clients. The waiting list for Section 8 vouchers and public housing units in our area is three years (3 years). If you happen to be a poor or homeless single person under 65, you will know that there is a critical shortage of adequate single room occupancy residences.

The professionals in the service delivery field would like to see a change in the funding pattern for homeless clients. If the funding were increased to entitlement communities, it would help ensure that area agencies could provide a continuum of shelter for the homeless.

More funds need to be directed to the rehabilitation of existing vacant dwellings. They then could be offered to low-income families along with rental assistance.

In order to provide a more encompassing, wholistic approach to the needs of homeless in Shelters, items which are currently categorized as essential services, need to be transferred to operations. In addition, the 20% cap on essential services needs to be raised. Items such as food, transportation, and personal hygiene needs are items which most of us would put in a household operating budget together with utilities and insurance. They do not come under the same heading as substance abuse services, job training, nutrition counseling, educational tutoring, etc.

The proposals which have been submitted to us address the need for essential services beyond a bed and a meal. The focus on homeless prevention requires that our local agencies dedicate an increasing amount of limited resources to meet the needs of the homeless with education and training programs.

We urge you, Senator Riegle, to implement an effective solution to this problem.

COUNTY BOARD
Robert G. Jamo
Francisco M. Vega
Carol S. Kooistra

STATE OF MICHIGAN

JAMES J. BLANCHARD, Governor
DEPARTMENT OF SOCIAL SERVICES
C. PATRICK BABCOCK, Director

KENT COUNTY
DEPARTMENT OF SOCIAL SERVICES
Paul I. Phillips Building
415 Franklin Street, S.E.
Grand Rapids, Michigan 49507-1299

April 6, 1990

The Honorable Donald W. Riegle, Jr.
700 Washington Square Building
109 W. Michigan Avenue
Lansing, MI 48933

RE: NATIONAL AFFORDABLE HOUSING ACT (5.566)

Dear Senator Riegle:

In response to your letter of March 5, 1990, requesting response from community leaders regarding service needs of the homeless, find enclosed a draft copy of the most recent Kent County Emergency Needs Task Force update report. The report provides an overview of the current status of services to the homeless in Kent County. You will note in the report that providers and funders of emergency services participated in its development. As a result, the data is reflective of the situation here. Kent County has been working since the early 1980's to develop mechanisms which will effectively and efficiently provide assistance to those in emergency need situations. This has not come about without a large expenditure in volunteer time and money.

The citizens of Kent County have generously shared their resources with those less fortunate in the community. This includes not only more than $20,000,000 in federal, state, and local funds, but uncountable thousands of hours of volunteer time through service in church food pantries, private agencies, and other sites where needed.

The amount of funding spent in Kent County in meeting emergency service related needs is extremely large. The community generously provides much to assist those in need. You should be aware though, that federal funds used in Kent County exceed $10,000,000 a year to prevent or remedy emergency assistance requests. Continued federal funding for these activities is of the utmost importance.

From this report, it is apparent that traditional grant in aide programs through the public welfare system are not working. Instead, people in need are turning to the emergency assistance system to supplement the meager grants received through the welfare system. This is not appropriate, efficient, or effective. In considering legislation to assist homeless individuals, your review should additionally include what the federal government and the states have made available over the past ten years to poor people through established public welfare programs. Of prime importance is the vicious cycle of insufficient food and shelter grants coupled with ever decreasing federal housing development subsidies.

Page 2

We are continuing to fight the war on poverty using ineffective guerrilla efforts of community volunteers, small donations, and local allocations. The federal assistance provided before 1980 to effectively meet the needs of the poor are not available as they should be. Until this situation is changed, expenditures will continue in a manner which is neither efficient nor humane. Poor people will continue to rely on "emergency assistance" to meet ongoing, daily needs.

Your consideration of this information is appreciated. We are available to discuss this further with you or your staff.

Sincerely,

Evert W. Vermeer, Chair
Emergency Needs Task Force

David Schroeder, Chair
FEMA Food and Shelter Board

EWV/DS:dn

Enclosure

COUNTY BOARD
Robert G. Jarno
Francisco M. Vega
Carol S. Kooistra

STATE OF MICHIGAN

JAMES J. BLANCHARD, Governor
DEPARTMENT OF SOCIAL SERVICES
C. PATRICK BABCOCK, Director

KENT COUNTY
DEPARTMENT OF SOCIAL SERVICES
Paul I. Phillips Building
415 Franklin Street, S.E.
Grand Rapids, Michigan 49507-1299

April 18, 1990

address

RE: KENT COUNTY EMERGENCY NEEDS TASK FORCE '89-90 UPDATE REPORT

Dear name:

Enclosed with this letter is a copy of the draft update report which we will be reviewing on Monday, May 7, 1990, between 8:30 a.m. and 10:30 a.m. at Kent County Child Haven, 1565 Cedar, N.E., Grand Rapids, Michigan.

Would you review this material in preparation for our meeting on May 7. Any comments, concerns, or editorial recommendations are appreciated. Again, thank you for your attention to this matter. If you should have questions or concerns prior to the meeting, feel free to give me a call.

Sincerely,

KENT COUNTY DEPT. OF SOCIAL SERVICES

Evert Vermeer
Emergency Needs Task Force Coordinator

EN11

Enclosure

c: Kent County Board of Social Services
Emergency Needs Task Force Subcommittee Chairs

KENT COUNTY EMERGENCY NEEDS TASK FORCE
1990 ANNUAL MEETING
MONDAY, MAY 7, 1990, AT 8:30 TO 10:30 A.M.
KENT COUNTY CHILD HAVEN
1565 CEDAR, NE, GRAND RAPIDS

AGENDA

-Welcome/Introductions	Evert Vermeer
-1989-90 Task Force Activity Overview	David Schroeder
-Subcommittee Reports	
Food Committee	Marsha DeHollender
Shelter Committee	Dennis Sturdivant/Hank Kroondyk/ Debra Holmes-Garrison
Utility/Energy Committee	Karen Tolan
Funding Committee	John Ott
Primary Health Services	William Hart
-Report Review/Evaluation	Coordinating Committee
-Task Force Report Approval	Coordinating Committee
-Additional Business	Coordinating Committee
-Adjournment	Evert Vermeer

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KENT COUNTY

EMERGENCY NEEDS TASK FORCE

COORDINATING COMMITTEE STATUS REPORT

The Kent County Emergency Needs Task Force Coordinating Committee traces its roots back to the recession years in the early 1980s when there were significant concerns regarding basic emergency services for the growing number of unemployed and low-income individuals and families in Michigan. At that time, the Kent County Board of Commisioners established the Task Force on the urging of Governor William Milliken and County Controller Richard Platte.

Over the years, Kent County has kept the Coordinating Committee in place to annually review the emergency service activities throughout the area. One of the primary benefits of this effort has been the focus on coordinating efforts among and between various service providers. Kent County has a reputation for addressing problems in a coordinated and collaborative manner. Today, we are dealing with a different kind of emergency. We have increasing numbers of people requesting emergency food, more homeless individuals, and unknown numbers of people who do not seek necessary medical care because they lack insurance. This emergency is a historical consequence of funding reductions at the federal level. More responsibilities are being shifted to state and local governments and to the private, nonprofit sector. In short, resources of daily living have not kept up with federal funding decreases and cost of living increases.

Local groups have worked together to respond to the critical needs which have emerged over the past serveral years. A prime example is the locally developed ACCESS/ First Call For Help emergency food assistance system. Emergency shelter facilities/services have also been expanded through local initiatives. At the same time, questions are surfacing about the capacity and the appropriateness of such local efforts to address what are inherently long-term problems. Increasingly, people are questioning the ability of local efforts - regardless of how creative or coordinated - to compensate for the continued erosion of government support for programs providing for basic survival needs of people. The financial constraints faced by many people in our community are reflected in the growing number of repeat requests for emergency food. In effect, people need supplemental food assistance rather than emergency food. As currently designed, our emergency food system cannot continue to manage the projected growth in demand.

Similarly, the community has come to recognize that the solution to the homeless issue is more affordable housing. More and more shelters will only serve to institutionalize the problem. Again, the question is how do we develop long-term solutions to these emergency problems. Without thoughtful assessment of the roles each sector of our community - public, nonprofit and private - can and should play in addressing basic material needs, our local service delivery system could become fragmented in the face of increasing competition for funding.

The Kent County Coordinating Committee has taken seriously its role in coordinating emergency service activities among and between service providers, planners and community leaders. In September, 1989 the Emergency Services Directory was published in the grid format originally developed as part of this report. The directory will be updated twice a year (Update notice attached) and plans are to reprint it every 1-2 years. The Funding Subcommitte report includes budget information and service statistics for each program listed in the Emergency Services Directory. As a result of requesting information directly from each listed program, more than $20 million dollars are reported being spent in 1989 for basic needs, which if not available would result in hungry, homeless Kent County residents.

SUMMARY & RECOMMENDATIONS

The Emergency Needs Task Force urges the Kent County Board of Social Seravices to share this report with area legislators, chairpersons of responsible legislative committees, the Governor and Director of the Michigan Department of Social Services urging increases in welfare grants in keeping with the cost of living.

[Note to Coordinating Committee members: Please prepare recommendations for review and discussion on May 7, 1990]

EMERGENCY FOOD SUBCOMMITTEE

The local emergency food providers has identified the need to develop a different method of responding to repeat requests for emergency food to reduce the pressures on the local food pantry referral system. Creative and collaborative discussions, with a focus on more efficient use of current

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resources with some increases, will be necessary to respond to the supplemental food needs of many local families.

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EMERGENCY SHELTER SUBCOMMITTEE

With a few noted exceptions, domestic violence and handicap accessible facilities, the availability of emergency shelter is adequate. The real problems are awareness of available shelter resources and the availability of transitional and long-term housing placements to move clients out of shelters within a reasonable time. Current demographic data indicate an inadequate supply of decent, affordable housing.

Kent County Community Mental Health Board and Department of Health, Substance Abuse Coordinating Agency continue efforts to work with local housing providers and funding sources to develop needed shelter related resources for the mentally ill and substance abusers by December, 1990.

The Emergency Needs Task Force Housing Subcommittee develop specific recommendations regarding current needs for transitional housing by June, 1990.

The Kent County Board of Commissioners is urged to accept the recommendations of its Daneman & Assoc. Housing Study and its Human Services Committee to establish an active, County wide Housing Commission.

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UTILITY/ENERGY ASSISTANCE SUBCOMMITTEE

Resource for utility assistance have been reduced in Kent County again this year. The major reduction in resources results from guideline changes in MDSS Emergency Needs/Heat Assistance Program.

Kent County should advocate to restore utility assistance funds.

Local utility assistance providers and Kent County DSS should work collaboratively to develop a better system through which information can be obtained on the eligibility of potential clients for ENP/HEAT program.

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PRIMARY HEALTH CARE SUBCOMMITTEE

In order to monitor the health status of the community and monitor whether an emergency exists, the Health Care Subcommittee recommended:

The United Way should gather and routinely publish data on outcomes of client referrals made for each of the four emergency service categories - energy, food, housing and health care.

A lead agency should be selected in each service category to assist in the making referrals and compiling outcome information for client referrals.

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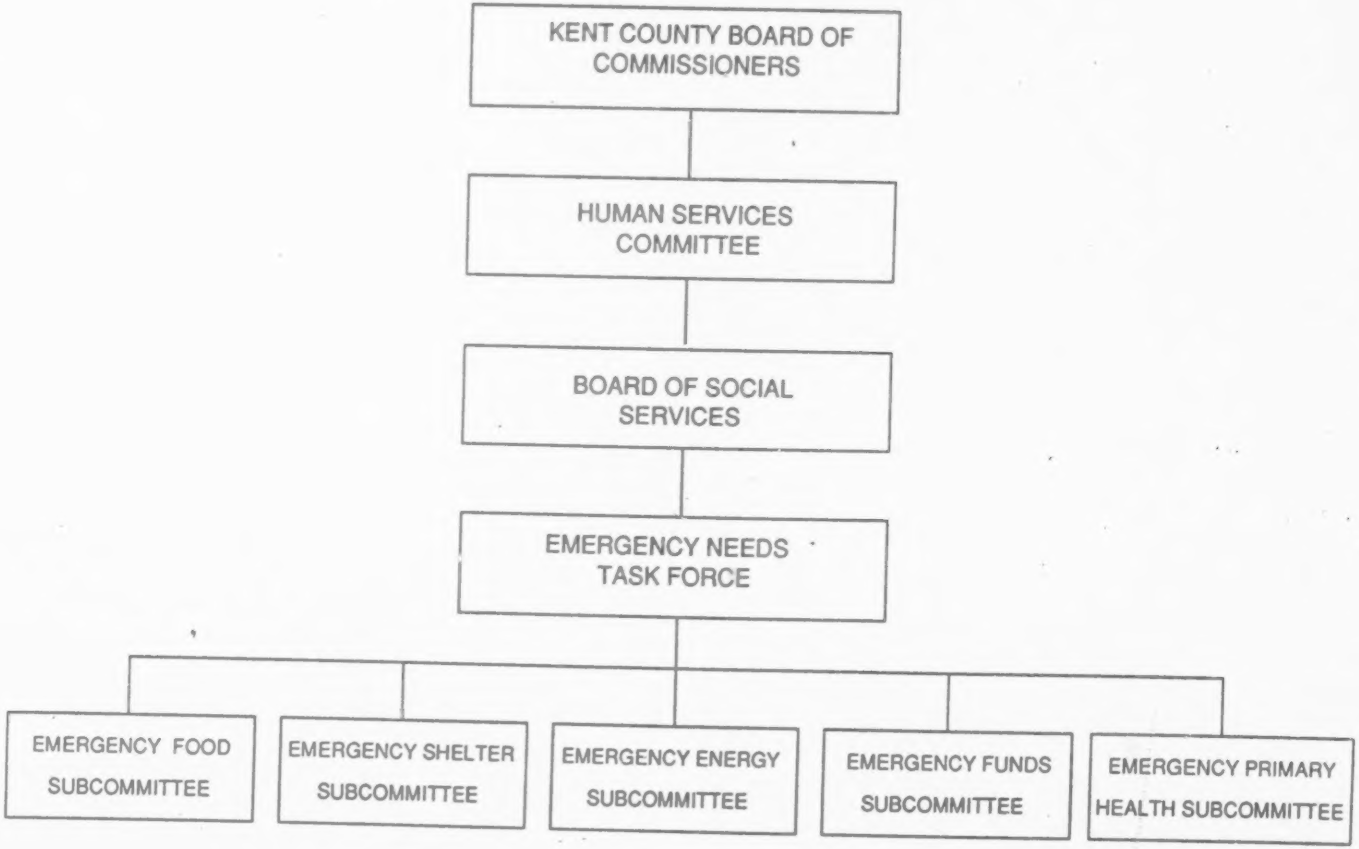
1989 KENT COUNTY EMERGENCY NEEDS TASK FORCE

COORDINATING COMMITTE	EMERGENCY FOOD SUBCOMMITTEE	EMERG. SHELTER SUBCOMMITTEE	UTILITY/ENERGY CONS. SUBCOM.	EMERGENCY FUNDS SUBCOMMITTEE	PRIMARY HEALTH CARE SUBCOM.
Assessment of Community needs eligibility criteria overall publicity long range planning.	*Acquisition, storage, distribution of food and related support services.*	*Ensure emergency availability for in need and assistance in locating permanent shelter.*	*Payments to remedy utility related Emergencies, weatherization conserrvation and education.*	*Development/ allocation of resources to support identified needs.*	*Emergency and primary health care including AIDS, mental health and substance abuse needs.*
Membership	Membership	Membership	Membership	Membership	Membership
-ACSET/K-GR CAP -City of Grand Rapids -GRACE -Kent Community Mental Health -Kent County Controller -Kent DSS-Coord -Kent Intermediate School District -Michigan State Cooperative Extension Serv. -American Red Cross -Salvation Army -United Way	-ACSET/K GR CAP -ACCESS-Chair -Area Agency on Aging/Senior Meals -Catholic Human Development - Capital Lunch -Kent Co. DSS -Kent Co. Health Department -Mich. Economics for Human Development -Michigan State Cooperative Extension Serv. -Salvation Army -United Way-First Call For Help -West Michigan Gleaners Food Bank, Inc. -Senior Meals -Kent Intermediat School District -Private Sector, food distribution reps.	-Advisory Center for Teens/Bridge -ACCESS/GRACE -City of Grand Rapids Comm. Development -Dwelling Place Co-Chair -Ex-Offender Contact Center -GR Urban League -Guiding Light Mission -Kent Community Health -Kent Co. DSS Co-Chair -Kent Co. Health Department -Legal Aid of West Michigan -Salvation Army -United Way-First Call For Help -YWCA Domestic Crisis Center -American Red Cross -Capitol Lunch -HUD -Heartside -Housing Now -Inner-City Christian Federation	ACSET/K-GR CAP Chair. -ACCESS -City of Grand Rapids Comm. Development -Consumers Power -Kent Co. DSS -Mich Con -American Red Cross -Salvation Army -Senior Neighbors -Private Sector Representatives K-GR CAP Energy Policy Advisory -MI Veterans Trust Fund -Rockford Community Service Center	-Kent Co. DSS -United way Chair. -Area Agency on Aging -City of Grand Rapids -Catholic Human Development Off. -Community Mental Health -GRACE	-Community Mental Health -Kent Co. DSS -Kent County Health Dept. Chair. -Kent Co. Medical Society -St. Mary's Hsptl. Family and Comprehensive Health System Agency -Heartside Clinic -Cherry St. Family Center -Alliance for Health -Community Health Center

ORGANIZATIONAL CHART


KENT COUNTY BOARD OF COMMISSIONERS
HUMAN SERVICES COMMITTEE
BOARD OF SOCIAL SERVICES
EMERGENCY NEEDS TASK FORCE
EMERGENCY FOOD SUBCOMMITTEE
EMERGENCY SHELTER SUBCOMMITTEE
EMERGENCY ENERGY SUBCOMMITTEE
EMERGENCY FUNDS SUBCOMMITTEE
EMERGENCY PRIMARY HEALTH SUBCOMMITTEE

DRAFT

COORDINATING COMMITTEE MEMBERS

Rev. David Baak, Director
Grand Rapids Area Council
for Ecumenism (GRACE)
38 W. Fulton
Grand Rapids, MI 49503
774-2042

Mr. Kurt Kimball
City Manager
City of Grand Rapids
300 Monroe, NW
Grand Rapids, MI 49503
456-3166

Ms. Beverly Drake
Executive Director
ACSETC
144 E. Fulton, SE
Grand Rapids, MI 49503
774-3895

Dr. Bill Harrison, Director
Michigan State Cooperative
Extension Service
836 Fuller, NE
Grand Rapids, MI 49503

Dr. Bonnie Huntley
Executive Director
Kent County Community
Mental Health
728 Fuller, NE
Grand Rapids, MI 49503
774-3765

Ms. Patricia McDuffee
Executive Director
Kent County Chapter of
of Red Cross
1050 Fuller, NE
Grand Rapids, MI 49503
456-8661

Mr. Donald Custis
President
United Way of Kent County
500 Commerce Building
5 Lyon, NW
Grand Rapids, MI 49503
459-6281

Mr. A. James Nauta, Director
Salvation Army/Social
Services
1215 E. Fulton
Grand Rapids, MI 49503
459-3433

Mr. Richard Platte
Controller
County of Kent
300 Monroe, NW
Grand Rapids, MI 49503
774-3511

Mr. Evert W. Vermeer
Director
Kent County Department of
Social Services
415 Franklin, SE
Grand Rapids, MI 49507

DRAFT

COORDINATING COMMITTEE MEMBERS

Dr. Douglas A. Mack
Director of Public Health
Kent County Health Department
700 Fuller, NE
Grand Rapids, MI 49503
774-3030

Mr. Kenneth Kuipers, Chairperson
Kent County Board of Commissioners
300 Monroe, NW
Grand Rapids, MI 49503

Dr. George Woons
Superintendent
Kent Intermediate School
District
2650 East Beltline, SE
Grand Rapids, MI 49506
949-7270

DRAFT

SUBCOMMITTEE LEADERSHIP

FOOD SUBCOMMITTEE

Marsha DeHollander
ACCESS 38 W. Fulton
Grand Rapids, MI 49503

SHELTER SUBCOMMITTEE

Dennis Sturtevant, Co-Chair
Dwelling Place 343 S. Division
Grand Rapids, MI 49503

Ms. Sharon Lesky, Co-Chair
247-6416

UTILITY/ENERGY CONSERVATION SUBCOMMITTEE

Ms. Karen Tolan
Energy Services Department
Kent/GRCAP
Sheldon Complex
121 Franklin, SE
Grand Rapids, MI 49507
246-1444

FUNDING SUBCOMMITTEE

Mr. John Ott
Kent County United Way
400 Commerce Building
Grand Rapids, MI 49503

PRIMARY HEALTH SUBCOMMITTEE

Mr. William Hart
Kent County Health Department
700 Fuller, NE
Grand Rapids, MI 49503
774-3040

DRAFT

EMERGENCY FOOD SUBCOMMITTEE
1989-90 Report

The Emergency Food Subcommittee has continued to meet on a quarterly basis since its creation by the Kent County Emergency Needs Task Force. The purpose of these meetings continues to be the exchange of information and statistics regarding our respective programs, maintaining the food resource grid information; and to offer support, encouragement, and ideas to each other.

As reflected below the Emergency Food Subcommittee reports a continuing increase in requests for short-term food assistance throughout 1989. All indications are that this demand will continue to increase. If this holds true, this Subcommittee projects that Kent County will find it increasingly difficult to continue to adequately respond to requests for emergency food assistance.

The following report on the present status of the County food resource system is summarized in four different categories: short-term emergency assistance, ongoing food/nutrition programs, commodities/bulk distribution, and special holiday programs.

Short-term Emergency Assistance:

This resource includes church food pantries, vouchers to grocery stores and meal tickets. Those in need rely heavily on the church pantries as well as the Salvation Army and ACSET/Kent G.R. C.A.P. Although originally intended to be a one-time emergency-type response, more and more people are depending on these resources as a regular supplemental assistance. This, of course, is taxing these resources to the limits. The following figures give one an idea of the great number of people requesting emergency food assistance. The Salvation Army reports serving 5,930 families (17,139 individuals) in 1989. Church food pantries reporting to ACCESS served over 15,000 families in 1989. ACSET-Kent/Grand Rapids Community Action Program reports approximately 3,600 families were served through the complex facilities(does not include Holiday Food Baskets).

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Ongoing Food/Nutrition Program:

Included in this category are DSS Food Stamps, the WIC program, Senior Meals, congregate meals programs, and nutrition education programs. Kent County DSS processed 3,067 expedited food stamp applications in 1989. The special supplemental food program for Women, Infants and Children (WIC) is funded for 6,100 participants or approximately 40 percent of the estimated need in Kent County. Approximately 60 percent of eligible Michigan residents and 50 percent of eligible persons are served nationally. WIC services of supplemental foods, nutrition education, and health referral services are targeted at highest priority clients, i.e., pregnant, breast-feeding women, and infants to their first birthday. Children without known health problems are currently placed on a waiting list of hundreds. WIC honors all referrals in an attempt to serve children with identified health problems. Postpartum women are not served at all. WIC services are provided at ten different sites, including the Kent County Health Department, and two of its community-based well child clinics, three hospital high risk prenatal clinics, Booth Clinic and Park School, Cedar Springs, Wyoming, and Sheldon Complex. WIC mothers can utilize an express system to obtain infant formula coupons soon after delivery. WIC is a proven public health program and did receive some additional funds from the 1988 Michigan Infant Mortality Initiative. Full funding for WIC in Kent County would lower the incidents of low birth weight and have enormous impact on the health of our lower income families.

Catholic Human Development Office's Meals on Wheels program reports serving 503 individuals in 1989. Trinity Lutheran's Meals at Home program furnished 15,300 meals. The Senior Meals program served 4,401 individuals (2,506 at congregate sites & 1,895 home-delivered). Each of these organizations report that the need for this service far outweighs their ability to respond. They also report increasing difficulty on the part of their clients to pay all or even a portion of the fee for the meal.

Catholic Human Development's Capitol Lunch is serving an average of 400 meals each day, 365 days per year (sometimes the number goes as high as 600). They are serving an increasing larger number of children. Capitol Lunch has noted the additional burden placed on them when area food pantry resources are depleted. Mel Trotter Mission and Guiding Light Mission also are each serving approximately 200 meals each day. The Eastern Avenue Food Sale has an average of 225 people shopping for low-cost fruits, vegetables, bread, rolls, etc. each Saturday.

The Kent County Cooperative Extension Service through the Expanded Food and Nutrition Education Program (EFNEP) provides an effective program of nutrition education to 3,964 individuals (Sept 1988-Sept. 1989). EFNEP provides nutrition, food preparation and food cost cutting education to limited income clientele. The Kent County Health Department Nutrition-Education Program reports assisting 1,489 individuals with nutrition information and/or referral, as well.

Commodities/Bulk Distribution:

The two primary resources for this area of food assistance are ACSETC/Kent Grand Rapids Community Action Program and West Michigan Gleaners Food Bank, Inc. Kent/Grand Rapids CAP is a designated agency responsible for the distribution of federal surplus commodities.

From October 1, 1988 to September 30, 1989, 19,900 individuals were served through the Commodities program with 901,238 pounds of food. Demand for Commodities had dropped when certain attractive food items, such as cheese, were no longer available. However, as the amount of desirable commodities increased, so did the requests. Distribution continues on a an every other month basis, rather than the original monthly distribution.

West Michigan Gleaners Food Bank, Inc. operates as a central repository and distribution point for donated food items to agencies In 1989, 4.9 million pounds of food were distributed to nonprofit agencies feeding needy persons. Even with that incredible production, West Michigan Gleaners reports that needs are outpacing the gains. Also many agencies do not seem to be using the Food Bank services to the extent that they could, forcing them to ship their surplus to food banks in other parts of the country.

Special Holiday Food Programs:

In addition to, and in some cases in conjunction with, the above food programs, special food programs such as ACCESS Holiday Baskets Clearing House, ACCESS Care Week, GRACE Hunger Program, and ACSETC-Kent/Grand Rapids CAP meet local emergency food needs. Over 6,000 holiday baskets were distributed in 1989. Care Week generated over 12,000 pounds of food and ACSETC/Kent Grand Rapids CAP provided 1,500 Holiday Baskets directly and screened more for area churches and schools. ACSETC/Kent Grand Rapids-CAP participated in the St. James Church food drive. Two semi-loads of non-perishable food items were collected and distributed among each of the CAP centers. Each of these activities serves to

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supplement the food available for low income and needy people in Kent County.

Conclusion:

A tenuous balance is being maintained between available resources and the basic food needs of Kent County residents. Previously, this Subcommittee could report that emergency food resources were "holding their own". Unfortunately, in many cases, this is no longer accurate.

ACCESS reports an increasing number of calls from food pantry personnel expressing concern about the need for additional assistance both financial and for additional volunteers. Requests for food to United Way First Call For Help have increased from 11,666 in 1988 to 14,761 in 1989. Food request are now over 50 percent of the calls First Call For Help receives, which prevents their caseworkers from being available for other emergency needs. As a primary source of referral for food requests, First Call For Help is usually able to document that families have insufficient resources to make ends meet for basic expenses of shelter, utilities, prescriptions and food. There are several key elements which were repeatedly mentioned by those responding to this report that influence the rising requests for emergency food:

Increased costs of adequate housing relative to income. Clients are paying up to 75 percent of their income for shelter-related expenses. This was the factor most commonly expressed by service providers.

Ever-increasing numbers of employed persons whose income is from part-time, near-minimum wage jobs (which is all that is available to many people).

The Commodities program, although improving, still is not distributing at their previous level. Distribution is still done bi-monthly and a full range of desirable food items are not always available.

Increased food resources provided by active and organized involvement of local area agencies, churches and United Way First Call For Help's visability and availability to assist with emergency food needs.

West Michigan Gleaners reports that many agencies they serve have reported a 30 percent or more increase in caseloads. Seventy percent of their agencies anticipate demand will increase in 1990, twenty nine percent expect it to remain at 1989 levels and one percent expected a decline. West Michigan Gleaners projects that the average charity food distribution agency will

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experience approximately a twenty two percent increase in demand for food in 1990.

The Emergency Food subcommittee has prioritized the need to creatively discuss and address the alarming increase for emergency food requests and the pressure on the food resource system to respond to these needs.

Respectfully Submitted

Marsha DeHollander
Chairperson Emergency
Food Subcommittee

Subcommittee Members

Mr. John Arnold
West Michigan Gleaners
Food Bank

Ms. Janet Davis
Nutrition Services Sup.

Ms. Jean Embree
ASCET

Mr. Donald E. Kaiser
Kent County Emergency Mngmt.

Ms. Kathy Majewski
Mich. State Coop Ext. Sv.

Virginia Pearch, Outreach
Senior Meals Program

Ms. Dee Selkirk, Dietitian
Area Agency on Aging

Ms. Cindy Sullivan
Kent County Health Dept.

Mr. Dick Bass
First Call For Help

Ms. Lois Cummings, Director
Catholic Human Devel. Office

Marsha DeHollander
ACCESS

Ms. Marcia Huber
WIC Program
Kent County Health Dept.

Ms. Joanne Miller
Kent County D.S.S.

Ms. Barb Raaymakers
God's Kitchen

Ms. De Snead
Kent County D.S.S.

Roberto Perez
Mich. Economics for
Human Development

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EMERGENCY SHELTER SUBCOMMITTEE 1989 REPORT

In assessing the shelter needs of Kent County we encounter a myriad of housing problems. For simplicity's sake we will discuss these problems under three broad areas, Emergency, Transitional and Permanent (long term) needs.

Emergency Shelter Resources:

Kent County is fortunate to have a range of emergency shelter resources available for persons in need of immediate placement. Services range from missions, such as Mel Trotter and the Guiding Light to the Salvation Army Family Shelter, and specialized services such as The Bridge (for runaways) and Grand Rapids YWCA Domestic Crisis Center. Most shelters allow a three to five day stay, but some offer placement up to 30 days. Problems related to emergency placement do not usually involve the availability of resources but the knowledge of, accessibility to and quality of services provided.

Changes In The Past Year:

Inner City Christian Federation has developed an emergency shelter for families (capacity five families) scheduled to open in March, 1990. This will add to the county's capacity for housing intact families with an intended maximum stay of 30 days per family (with 15 additional days available in extreme emergencies).

Guiding Light Mission has completed a renovation with more comprehensive services via referrals to area agencies and now has 80 plus beds. They have also recently purchased a new building (at Wealthy and Diamond S.E.) and as of May 1, 1990 are expected to have additional capacity for women and/or women with children.

The Salvation Army family shelter has recently remodeled, expanding their capacity from 12 to 18 beds including one separated room intended for use by intact families (involving an intact family with male adult/head of household). They have also initiated a Homeless Assistance Reception Center which will provide case management resources for any chronically homeless individual in the area. In the process they have closed their Men's Community Shelter for emergency housing, thereby reducing the number of beds available for males.

Transitional Shelter Resources:

Transitional shelter programs provide not only housing, but also provide or intentionally facilitate services such as job training, child care, transportation, medical care, counseling and other assistance as needed. One indication of the need for longer term transitional housing is the high level of recidivism in families once served in emergency shelter facilities. Typically these programs also allow or promote a longer residency of from three months to as much as two years in an effort to better equip previously homeless families or individuals to make the transition to permanent, self-sufficient housing.

At present there are only two local programs whose intention is to provide transitional housing as defined here: My Sister's House, which provides housing for up to 16 single women, and Shekinah Home, which has two single-bedroom apartments suitable for small families. Both of these programs are non-profit efforts with significant church support.

Another resource which will potentially be available in 1990 is Liz's House which is in the final stages of funding arrangements. This program will provide transitional housing in the Heartside area for about 25 women in a facility also suitable for infants but not suitable for older preschool or school age children.

There is also a transitional housing project being planned by the Greater Grand Rapids Home Builders Association that would provide shelter for an estimated 12 intact families along with other needed services.

Permanent Housing Needs:

Kent County continues to witness a trend towards a widening gap between need and availability for permanent affordable housing. According to recent data compiled in a Housing Needs study conducted by Daneman Associates for the Kent County Board of Commissioners, Kent County has experienced the second greatest increase in housing need in the state.

Some indicators of need cited in the study include the following:

Kent County's population growth has continued to exceed the state, showing an 8 percent growth between 1970 and 1980. From 1980 to 1986, that growth rate was 5.2 percent compared to a state wide population loss of 18 percent.

The Michigan State Housing Development Authority has estimated that about 15 percent of the households in Kent County were experiencing some housing need.

About 8 percent of the County's housing stock is considered substandard.

More than 1.400 persons remain on the waiting list of the Grand Rapids Public Housing Commission for subsidized housing, most of whom are single female heads of households.

At least 71 percent of public assistance shelter allowances fall below the current rental costs in Kent County.

In recent years, most of the affordable low-income housing production in the County has been created by non-profit organizations and the Grand Rapids Public Housing Commission. The availability of federal support for this development has steadily decreased by more than 78 percent in the previous 10 years.

Insufficient production of affordable housing and limited rehabilitation of older housing stock are primary factors in the increase of housing need. Other factors have also affected availability to a lesser degree. Discriminatory attitudes towards certain segments of the population in need such as the mentally handicapped have made new production difficult and time consuming, as well. The trend is likely to continue although several creative approaches to develop housing are being used by area agencies.

The report of the Board of Commissioners cited earlier may provide a basis for developing a more substantial planning development process in response to existing need.

Other Housing Related Activities

At the present time, a project to provide temporary housing for persons requiring medical care is being discussed for possible implementation in the future. Heartside Ministry, in conjunction with Saint Mary's Hospital, Temple Emmanuel, Central Reformed Church, and Fountain Street Church are involved in development of this program.

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Unmet Needs:

Sufficient affordable permanent housing units:

- Lack of subsidized housing,

- Inadequate shelter allowances for ADC and GA recipients.

Sufficient Comprehensive Transitional Housing.

Special Population Needs:

- Appropriate emergency and long term housing for multiple problem families/individuals (i.e. that with substance abuse, behavioral or mental health issues and person with AIDS).

- Adequate housing for victims of/or in danger of domestic violence.

- Adequate emergency housing that is handicapped accessible.

Related Needs:

- Increased resources for security deposits, moving expenses and related transportation

- Increased resources for furniture and basic household goods.

Summary:

Many time the problem in housing emergencies is not the availability of resources but knowledge of and accessibility to quality resources.

All the available existing demographic data indicate a lack of decent affordable housing stock.

Respectfully Submitted,

Dennis Sturtevant
Hank Kroondyk
Debra Holmes-Garrison

DRAFT

Emergency Shelter Subcommittee Members

Jane DeLand
Kent County Health Dept.
700 Fuller NE
Grand Rapids, MI 49503

Carla Blinkhorn
Domestic Crisis Center
YWCA
25 Sheldon SE
Grand Rapids, MI 49503

Rev. Herman Koning
Guiding Light Mission
25 S. Division
Grand Rapids, MI 49503

Mike Konieczny
1215 E. Fulton
Grand Rapids, MI 49503

Victor Vasquez
300 Monroe SW
Grand Rapids, MI 49503

Major Kay Merritt
Salvation Army
Adult Rehab Center
1491 S. Division
Grand Rapids, MI 49507

Mike Chillens
Legal Aid
430 Federal Square Building
Grand Rapids, MI 49503

Marsha DeHollander
ACCESS
38 W. Fulton
Grand Rapids, MI 49503

The Bridge
1115 Ball Ave, NE
Grand Rapids, MI 49505

Karen Stewart
Dept of HUD
2922 Fuller NE
Grand Rapids, MI 49505

Debra Holmes-Garrison
United Way
500 Commerce Building

Rev. David Baak
G.R.A.C.E.
38 W. Fulton
Grand Rapids, MI 49503

Sharon Caldwell
Ex-Offenders Contact Cn.
722 Eastern SE
Grand Rapids, MI 49503

Rev. George Heartwell
Heartside Ministries
46. S. Division
Grand Rapids, MI 49503

Bob Pattullo
Kent County Community
Mental Health
700 Fuller NE
Grand Rapids, MI 49503

DRAFT

Emergency Shelter Subcommittee Members (Cont.)

Barbara Raymakers
Capitol Lunch
333 S. Division
Grand Rapids, MI 49503

Joanne Woods
Salvation Army
Family Services Dept
67 Barclay SE
Grand Rapids, MI 49503

Betty VanTil
G.R.A.C.E.
38 W. Fulton
Grand Rapids, MI 49503

Jonathon Bradford
ICCF
816 Madison SE
Grand Rapids, MI 49507

Jean Emberee
ACSET
Grand Rapids CAP Division
144 E. Fulton
Grand Rapids, MI 49503

Mark Kirkland
Senior Neighbors
50 Weston SW
Grand Rapids, MI 49503

Kate Pew-Wolters
Executive Director
Steelcase Foundation
Grand Rapids, MI 49501

Carl Humphrey
52 S. Division
Grand Rapids, MI 49503

Sylvia Johnson
Mel Trotter Mission
225 Commerce SW
Grand Rapids, MI 49503

Victor Walton
The Vet Center
1940 Eastern SE
Grand Rapids, MI 49507

Dennis Sturtevant
Dwelling Place
343 South Division
Grand Rapids, MI 49503

Pat Nelson
YWCA
33 Library NE
Grand Rapids, MI 49503

Joanne Dodgson
My Sister's House
761 Bridge NW
Grand Rapids, MI 49504

John Cole
415 Franklin SE
Grand Rapids, MI 49507

Sharon Lesky
415 Franklin SE
Grand Rapids, MI 49507

Sister Eileen Cordes
My Sister's House
761 Bridge NW
Grand Rapids, MI 49504

DRAFT

Emergency Shelter Subcommittee Members (Cont.)

Ron Eberhar
HART Properti
1163 Giddings
Grand Rapids, MI 49506

Hank Kroondyk
Housing Now
144 E. Fulton
Grand Rapids, MI 49503

DRAFT

UTILITY/ENERGY ASSISTANCE SUBCOMMITTEE
1989-90 REPORT

Utility Assistance::

Resources for utility assistance have been reduced in Kent County again this year. An estimated reduction of 27 percent or $219,000 has been reported. The major reduction of available resources in this area occurred because of guidline changes in the Michigan Department of Social Services (MDSS) Emergency Needs/Heat Assistance Program (ENP/HEAT). The Maximum amount of heating assistance an eligible household could receive for natural gas heat was $650 and has now been reduced to $260.

The extremely cold weather experienced in December 1989, has played a role in attitudes of both major utility companies and the MDSS, as it relates to shutting off heat to a person's home because of non-payment or denying assistance needed above the new caps.

Although low-income households in Kent County are not without service at this particular time, local utility assistance program providers, MDSS, utility companies and deliverable fuel providers fear what will happen come April,1990. The majority of program dollars available for utility assistance will be exhausted. Many low-income households will need heating assistance. The need for heat in the warmer months is not considered an emergency by MDSS.

In General the major concerns expressed by the Committee/Service Providers, in the area of utility assistance are:

The need to restore the utility assistance dollars in Kent County.

The need for local utility assistance providers and our local MDSS office to work closely to develop ~~a~~ better system through which information can be obtained on a clients' eligibility status for ENP/HEAT. The majority of utility assistance programs operating in Kent County require the applicant to first apply for assistance through the MDSS ENP Program and obtain a written decision notice from MDSS before they will even take an application.]

Weatherization/Conservation:

Weatherization cuts have occured again this year. The Kent/Grand Rapids CAP agency operates the prim~~ary Low-In~~come Home Weatherization

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Program for Kent County. Weatherization funding was cut by 14 percent last year and this year an additional 28 percent cut has occured which calculates out to $142,847 dollars less in conservation resource dollars available to Kent County residents. Approximately 85 homes will not be weatherized this year because of these cuts.

The Michigan Department of Social Services Home Repair/ Weatherization Program that provided home repairs and weatherization measures to reduce DSS high fuel users heat costs, ended in September of 1989 and was not refunded. The termination of this program resulted in a loss of $295,723 in conservation resource dollars to Kent County.

The Michigan Department of Social Services Furnace Replacement Program ran out of funds in January of this year. DSS is reportedly requesting restoration of funding.

Major utility companies in our area are in the process of developing new conservation programs to assist low and moderate income customers in their service areas. Updated information on these programs will be available at a later time, however, it is unlikely these programs will fill the void created by the above mentioned cuts.

The committee analysis documents that major reductions have occurred in utility assistance and energy conservation dollars available to the low-income residents of Kent County. The effects of the reductions probably won't be seen until April and May of this year. The reality however, is that without funding restoration for utility assistance and conservation programs, Kent County will have a large segment of its low-income population with unmet energy needs later this year!

Submitted By:

Karen Tolan, Chairperson

Utility/Energy Subcommittee Members

Mr. Mike Willard Vetran's Trust Fund	Mr. Robert Dine Consumer's Power Co.
Mr. Joe Murphy Red Cross Heat Bank	Ms. Augustine Johnson Senior Neighbors, Inc.

DRAFT

Utility/Energy Subcommittee Members (Cont.)

Mr. Larry Winneroski
Consumer Services.
MichCon

Mr. Steve Bosscher
Kent County D.S.S.

Mr. Tony Lyon
Crystal Flash

Mr. Donald Centilli

Ms. Beth Byron
GR Communit
Development

Mr. Dick Bass
First Call For Help

Ms. Marilyn Lind
Dir. Rockford Comm.
Service Center

Ms. Charlotte Siciliano
Community Development
of Kent County

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PRIMARY HEALTH CARE SUBCOMMITTEE 1989-90 REPORT

The Primary Health Care Subcommittee met on February 28, 1990 to review emergency resource grids and provide input for this status report. The subcommittee reviewed four areas of concern - Emergency Food Service Sanitation; Women Infant and Child (WIC) Supplement Nutrition Program; Access to Primary Health Care; and AIDS. Additions and corrections to the Emergency Resource Directory were noted and have been included in the Update notes distributed to area service providers and other users of the directory.

While affirming the existence of primary health care services, committee members again reviewed the definition of "human service emergency." In 1989 the committee pointed to the unknown size, trends, and growth in unmet needs as a problem for them in monitoring the emergency status of primary health care in Kent County. This year committee members suggested a need for an enhanced system of follow-up and tracking of referrals made among human service providers. The purpose of such a system would be to insure that client needs are being addressed.

> Recommendation: The United Way should gather and routinely publish data on the client outcomes of referrals made for each of the four Emergency Resource Directory categories of energy, food, housing and health care.

In order to facilitate and better define the scope of implementing the above recommendation, the subcommittee discussed a possible model for obtaining the desired data.

Identify a lead agency for making referrals in each of the four service grid categories. This lead agency would allow potential clients and service providers not familiar with the category to obtain referral assistance. Providers already familiar with the community resources could continue to refer clients with assistance from the "Emergency Resource Directory."

Develop and maintain a referral and client outcomes tracking system in each lead agency. Additional staffing and funding may be necessary to document whether each referred client received the services they needed.

Establish a uniform data format and reporting frequency that will allow analysis of the levels of success of the community referral system.

Emergency Food Service Sanitation

Procedures are in place at the Kent County Health Department division of environmental health to supervise the sanitation of emergency food preparation and distribution sites in the event of an emergency.

Women, Infant and Child Supplemental Nutrition (WIC)

The current WIC caseload of 6,180 is meeting the needs of approximately 50 percent of those identified as potential WIC clients. By the end of 1990, participation in the Kent County WIC program is expected to grow to 8,000 clients. Revised regulations and increased fiscal efficiencies at the state level have made available some funds to allow for this expansion.

Access to Primary Health Care

Since the last subcommittee report, Kent County has seen the continued maintenance of subsidized primary health care at local acute care hospitals outpatient clinics plus clinics at Baxter Community Center and the Community Health Center. New programs have recently been developed at the Heartside Clinic and Clinica Santa Maria to serve additional vulnerable populations. Many other health care providers continue to offer medical care at a variety of settings throughout Kent County.

AIDS

The community response to the AIDS initiative has resulted in an active Kent County Community AIDS Council and the AIDS Foundation of Kent County. The Council is in the midst of completing a community AIDS plan with help from the University of Michigan. Once the plan is accepted (due June, 1990), the challenge will become carrying out the elements of the plan. The AIDS Foundation of Kent County is in its third funding cycle this spring with an expected $75,000 to $100,000 to distribute. Currently there are sixty-two (62) cases of AIDS reported for Kent County.

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Respectfully Submitted,

William J. Hart, Jr.
Chairperson

Primary Health Care Subcommittee Members

Mr. Al DeJong
Kent County D.S.S.

Mr. Tom Logan
Alliance for Health

Mr. William J. Hart Jr.
Kent County Health Department

Mr. Bob Schirado
Kent County Health Dept.

Mr. Sol McCargoe
Cherry Street Family
Medicine

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KENT COUNTY EMERGENCY FUNDS SUBCOMMITTEE STATUS REPORT

Traditionally, this report has been based on reports from major local funders who have been asked how they have allocated funds among and between programs and services within the purview of the Kent County Emergency Needs Task Force - food, housing/shelter, utilities and energy conservation and primary medical services. This information allowed the Coordinating Committee to track trends in local fund allocation decisions.

This past year a one-time Special Projects Program grant through the Kent County Board of Social Services supported a staff person at United Way who was responsible for re-formatting and updating the Emergency Resource Directory to increase awareness and foster coordination among local service providers. At the same time, efforts were made to collect information about service activity and the levels and sources of support for each program listed in the directory (see Appendix A). Through this process, a broader picure of funding support for the emergency system was developed. Using each program included in the Resource Directory by the four subcommittees, the expanded funding review now includes resources and programs which serve to prevent emergency assistance requests as well as the traditional, primary emergency services.

Table 1
Program Services & Funding by Category

Category of Emergency Assistance	# Programs Reporting	# People Served	# Units Service	Total Funding by Category
Food Assistance	28 (42)	197,108	6,597,900	$4,015,683
Housing/Shelter	23 (26)	43,686	101,723	$4,977,861
Energy Assistance	21 (27)	57,359	214,349	$5,887,961
Health Care	6 (15)	53,337	57,309	$5,462,127
Totals	78 (110)	351,490 *	6,971,281	$20,343,632

*duplicated count

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Regardless of the changes, we were truly surprised to discover that total funding for the programs listed in the resource directory exceeded $20 million dollars (see tables below). In past years, the funding subcommittee had identified approximately two million in federal, state and local funding for primary emergency services.

Table 2
Program Funding Source by Program Category

Category of Emergency Assistance	Federal Funds	State Funds	Local Govt Funds	United Way	Other Local
Food	$1,849,083	$ 606,900	$ 107,818	$243,515	$1,208,367
Housing	$3,405,153	$ 547,555	$ 218,561	$260,846	$ 545,746
Energy	$5,170,144	$ 442,810	$ 39,790	$ 20,822	$ 214,395
Health	$ 202,295	$2,085,478	$2,103,543	$ 69,898	$1,000,913
Totals	$10,626,675	$3,682,743	$2,469,712	$595,081	$2,969,421

This represents a first attempt to gather information in this manner and it is meant to provide a gross measure of the level of funding and service activity. Specifically, the number of people served is not an unduplicated count and in some cases the count represents the number of families and not the number of individuals served. Similarly, because of differing funding source expectations no effort was initially made to standardize units of service measures. In some cases units represents an individual, a family unit, a household or a case. In other cases they represent a pound of food or a meal delivered or an hour of service.

A greater degree of control was exercised regarding budget reports. Where budgets seemed grossly out of line, personal contacts were made to clarify the purpose and use of the budget information.

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Efforts were made to estimate the amount or proportion of funding dedicated to a particular service program or activity. Unfortunately, comparable information for the previous year was not collected so direct comparisons or trend information is not possible this year

Specific subcommittee reports do reference some changes in funding from previous years. For example, in the area of shelter//housing there has been expanded interest and support for emergency and transitional housing in response to the local homeless issue. Recently, there have been cuts in utility assistance and energy conservation funding. In future years, this report should provide some valuable information on trends in federal, state and local support for the Coordinating Committee.

Respectfully Submitted

John Ott, Chairperson

Emergency Funds Subcommittee

Larry Murray
Area Agency On Aging

Dr. Bonnie Huntley
Kent County Community
Mental Health

David Schroeder
Kent County D.S.S.

Pat McDuffee
Red Cross

Victor Vasquez
City of Grand Rapids

Rev. David Baak
GRACE

William Hart
Kent. County Health Dept.

John Ott
United Way

Appendix A-1

1989 Kent County Housing/Shelter Services/Expenditure Data

Agency Name	Program Name		# Ind	# Fam	# Units	Fed $	State $	Local $	United Way	Foundation	Fees	Other $	Total Budget	
COMM RECONC	COUNSELING	1	1257		907		22,000	10,500			9,000	10,800	52,300	
CREDIT COUNS	COUNSELING	1		NO DATA PROVIDED										
KENT CO-OP	COUNSELING	1		NO DATA PROVIDED										
LEGAL AID		1	2902			166,916							166,916	
ACSET	HOMLESS PR	2	1351		8676	158,455							158,455	
ADVISORY CTR	BRIDGE	2	386		3047	60,000	213,755		68,250			22,982	364,987	
ADVISORY CTR	HOMELESS	2	96		96	15,000	107,000	9,500	13,667			4,347	149,514	a
CASA DE LA PAZ	EMER HOUS	2	441		5293	10,279	8,000		9,333			14,328	41,940	
CORNERSTONE	MENTAL HEAL	2	475		475								. . .	
EX OFFENDER	EMER HOUS	2	140		1414	8,266	5,520	3,900	12,096			7,218	37,000	
FCFH	EMER HELP	2	9805	4438	9184			7,806	33,933			14,652	56,391	
GR FAIR HOUS	EMER HOUS	2					2,500	46,000				10,000	58,500	
M.E.H.D.		2		NO DATA PROVIDED										
RED CROSS	CRISIS PRO	2	4275		4456				10,241			1,031	11,272	
SAL ARMY	ADLT REHAB	2	610		1778	SUPPORTED	BY THE	SALE OF	DONATED	GOODS ONLY			. . .	
SAL ARMY	EMER LODGE	2	669		2925		25,020	13,000	24,000			5,000	67,000	
SAL ARMY	MENS COMM	2	281		3593	15,815		20,000					35,815	
SAL ARMY	STARTING PT	2	899		2422			5,869	5,869		20,705	163	32,606	
TRANSITIONS	PASSAGES	2		NO DATA PROVIDED										
YMCA	EMERG HOUS	2	160		4800		33,000						33,000	
YWCA	DOMES CRIS	2	817		8370	26,310	75,000	101,986	81,977		6,925	28,401	320,599	
GERONTOLOGY NETWORK		3	25	25	500	1,320	35,760		1,480		680	760	40,000	
HARBINGER		3		NO DATA PROVIDED										
KENT CLIENT SERVICES		3		NO DATA PROVIDED										
S.K MENTAL H	TRANSITIONS	3		NO DATA PROVIDED										
SPECTRA		3	200		600		20,000						20,000	
VETS CENTER		3		NO DATA PROVIDED										
KC SOLD REL	RENT/MRTG	4		NO DATA PROVIDED									---	
GR HOUSING	SEC 8 SUBS.	4	5000		1250	2,939,392							2,939,392	
GR.URBAN LG	COUN/ASSIST	4	3500		10500	49000	22552	97600	75000				244,152	
HUD		4		NO DATA PROVIDED										
VETS TRUST FUND		4		NO DATA PROVIDED										
DWELLING PLA	INN	5	106		25344	3,400					265,754	42,000	311,154	
GUIDING LIGHT	SHELTER	5	13756											
MEL TROTTER	SHELTER	5		NO DATA PROVIDED										
MY SISTERS H	LONG TERM	5	35							51,000	20,000	10,000	81,000	
ROCKFORD CO	EMER SHELT	6											9,899	b
	PROGRAM CODE													
		1	Counsleing											
		2	Crisis - Less than 60 days											
		3	Relocation and Follow up								a. Figures unavailable			
		4	Rent & Mortgage Assistance								b. Breakdown by source of support			
		5	Stabilization Resources - 3 Months to 2 years								to specific program areas			
											unavailable			

Appendix A-2

1989 KENT COUNTY HEALTH CARE SERVICES/EXPENDITURE DATA

Agency Name	Program Name	# Ind	# Fam	# Units	Fed $	State $	Local $	UnitedWay	Foundation	Fees	Other $	Total Budget
K.C. HEALTH						1,870,790	2,103,543			98,500	232,738	4,305,571
HISPANIC CTR	CLINICA SANTA MARIA		NEW PROGRAM									
ST. MARY'S	HEARTSIDE	932		4904	202,295						87,570	283,765
BAXTER COM	WHOLISTIC	713				25,000		13,898		7,500	53,500	99,898
BLODGETT	POISON CENT	51516		51516		177,188		56,000			521,105	754,293
SENIOR NEI	EMER MEDIC.	176		176		12,500						12,500
HISPANIC CENTER OF W. MICH				NO DATA PROVIDED								
MARY FREE BED HOSPITAL				NO DATA PROVIDED								
METROPOLITAN HOSPITAL				NO DATA PROVIDED								
PINE REST CHRIS. HOSPT.				NO DATA PROVIDED								
SPARTA HEALTH CLINIC				NO DATA PROVIDED								
ST. MARY'S HOSPITAL				NO DATA PROVIDED								
VETERANS ADMINI.				NO DATA PROVIDED								
WEST MICHIGAN DENTAL				NO DATA PROVIDED								
BLODGETT MEM MED CENTER				NO DATA PROVIDED								
BUTTERWORTH HOSPITAL				NO DATA PROVIDED								

Appendix A-3

1989 KENT COUNTY ENERGY AND UTILITY SERVICES/EXPENDITURE DATA

Agency Name	Program Name		# Ind	# Fam	#Units	Fed $	State $	Local $	United Way	Foundation	Fees	Other $	Total Budget
ACSET	TARGETED FUEL	1	523	523	523	119,028							119,028
FCFH	UTIL ASSIS	1	6017	2723	5636			4,790	20,822			13,458	39,070
GR WATER/SEWER DEPT		1		NO DATA PROVIDED									
K.C. D.S.S.	ENP ELECTRIC	1	23044	6863	6863	2,848,710							2,848,710
K.C. D.S.S.	ELEC ASSIS	1	3661		3661								•
K.C. D.S.S.	ENP HEAT	1	21102	6165	6165								•
K.C. D.S.S.	HT ASS (HAP)	1											•
K.C. D.S.S.	HT HOTLINE	1											•
K.C. D.S.S.	VENDORED PY	1											•
K.C. D.S.S.	ENERGY INT.	1											•
K.C. SOLD. RELI	UTILITY ASS	1		NO DATA PROVIDED									12,500
MCH CON	SETTL AGREE	1		NO DATA PROVIDED									
MICH CON	7% SHUT OFF	1		NO DATA PROVIDED									
RED CROSS	HEAT BANK	1	918		363							173,000	173,000
SALV ARMY	EMER HEAT	1	604		604		95,430	35,000					130,430
VETS TRUST FUND		1		NO DATA PROVIDED									
ACSET/D.S.S	WEATH PROG	2	459	99	99	354,000							354,000
ACSET	WEATH PROG	2	240	240	240	507,831							507,831
CITY - G.R.	GRANTS/LOANS	2	61		61	775,000							775,000
CITY - G.R.	MSHDA LOAN	2	38		38		319,681						319,681
KENTWOOD	HSNG LOAN PR	2											25,000
WYOMING	PLANNING	2	85	85	85	300,000							300,000
FARMERS HOM	WEA & ENERG	2	1	1	1	5,000							5,000
K.C. D.S.S.	HOME REP	2	407	132	189811	189,811	FED. &	STATE	FUNDS NOT	BROKEN	DOWN		189,811
K.C. D.S.S.	FURN REPL	2	148		148	70,764							70,764
KENT COUNTY	HOUSING REHA	2		NO DATA PROVIDED									
MSU COOP EXT	CHEC PROJ	2	51		51		27,699			27,937			55,636
	Program Code	1	Utility Assits						* Represents total expenditures for all Kent DSS				
		2	Weath & Energy						Energy/Utility Programs				

Appendix A-4

1989 KENT COUNTY FOOD SERVICE/EXPENDITURE DATA

Agency Name	Program Name		# Ind	# Fam	# Units	Fed. $	State $	Local $	United Way	Foundation	Fees	Other $	Total Budget	
ACCESS	ACCESS	1		16000								74,334	74,334	
ACSET	LATIN AM SRV	1	179		179	45,815		9,000					54,815	
ACSET	COMPLEXES	1	709		709		98,163						98,163	*
BAXTER	FOOD PANTRY	1	2032		6096	3,000		37,000				12,500	52,500	
CAS. CHR.CH	2ND MILE HS	1	250	250								360	360	
C.H.D.D.	CHDO REFUGEE	1	209				185,702					99,452	285,154	
EX-OFFENDER	FOOD PROGR	1	217		1302		1,104	2,900	3,396			1,100	8,500	
FCRH	FOOD REFERRAL	1	33183	15025	31083			26,418	114,836				141,254	
HELP PREGNANCY CRISIS		1		NO DATA PROVIDED										
HISPANIC CTR		1		NO DATA PROVIDED										
K.C. D.S.S.	EMERG. FOOD	1											797,420	
K.C. D.S.S.	EMERG NEEDS	1											*	
K.C. D.S.S.	EXP FD STAMP	1	9200		3067	797,420							*	
K.C. SOLD REL	FD VOUCH	1						12,000					12,000	
MEL TROTTER MISSION		1		NO DATA PROVIDED										
MICH VETS TRUST FUND		1		NO DATA PROVIDED										
MICH. ECON HUMAN DEVEL		1		NO DATA PROVIDED										
OLIVET U.M.	SOUTHEND	1		NO DATA PROVIDED										
OTHER WAY	FOOD PANTRY	1	2436		732							2,500	2,500	
RED CROSS	FIRE/DISASTE	1	360		86				52,983			4,538	57,521	
ROCKFORD CM	EMER PANTRY	1	5477		5477			15,000	24,000			71,000	100,101	
SALV. ARMY	FOOD VOUCH	1	17139		5930	70,000		5,500				10,000	85,000	
U.M.C.H.	NORTHEND	1		NO DATA PROVIDED										
G.R. INTERTRIBAL	COUNCIL	2		NO DATA PROVIDED										
SENIOR MEALS	HOME DELIV.	2	4401		399289	742,000	262,000					216,000	1,220,000	
SENIOR NEIGH	EMER NEEDS	2	27		27				1,300	5,000		1,100	7,400	
C.H.D.D.	MEALS /WHEELS	3	503		47840	9,654			14,000		37,109	37,705	98,468	
TRINITY LUTHERAN	MEALS/HOME	3	15300		15300						38,250		38,250	
C.H.D.D.	CAPITOL LUN	4	2000		146000					5,000		138,619	143,619	
DEGAGE MINISTRIES		4		NO DATA PROVIDED										
G.R.P.S.	SUM FD PRO	4	1500		51000	80,000							80,000	
GUIDING LIGHT		4	60453									5800	5800	*
K.CITY SCHOOL	SUM FD PRO	4	180			22,657							22,657	
K.I.S.D.	LUNCH PRO	4		NO DATA PROVIDED										
M.E.H.D.	HEADSTART	4		NO DATA PROVIDED										
W.M. GLEANERS	COMMODITIES	5	19900		901238								258,369	
KC FARM BUR	AIM	5		NO DATA PROVIDED										
WM GLEANERS	QUANTITY FOO	5			4.9 MILLION	70,000	15,000		33,000		384,000	64,000	566,000	
KC HEALTH DEPT.	NUT. EDUC	6	1489			8,537	44,931						44,931	
MSU COOP EXT.	NUT. EDUC	6	3964	DATA NOT AVAILABLE									**	
ROCKFORD HEALTH CENTER		6		NO DATA PROVIDED										
SPARTA HEALTH CENTER		6		NO DATA PROVIDED										
	Program Code	1	Short Range Needs											
		2	Senior Resources											
		3	Home Delivered Meals						* Congregate and home delivered meals, does					
		4	Congregate Meals						not include donated food distribution.					
		5	Quantity Foods/Commodity						** Budgeted amount for kitchen supplies only					
		6	Nutrition Education						all food supplies are donated					

UPDATE NOTICE - CHANGES TO EMERGENCY RESOURCE DIRECTORY

	A	B	C	D
1	AGENCY	PROGRAM	PAGE #	CHANGE OR ADDITION REQUESTED
2	K.C. Dept of S.S.	Weatherization	10	Program discontinued 10/89
3	K.C. Dept of S.S.	Furnace Replacement	15	Program discontinued 1/90
4	Senior Neighbors	Emergency Needs	24	Delete "(i.e. prescriptions, etc)"
5				Add - to reflect sources of funds
6	Salvation Army	Men's Community Ctr	36	Closed on 6/30/89
7	Am. Red Cross	Crisis Program	18	Previously had Disaster listed for Crisis Program
8	My Sisters House	Long Term Housing	43	Please note that this is not "emergency houseing" but long term
9	Senior Neighbors, Inc	Emergency Med Needs	49	SERVICE AVAILABLE: Emergency Prescription Program
10				ADD. INFO: Should read "assistance available on a one-time
11				per year basis.
12				SOURCE OF SUPPORT; should read State funds $12,500
13	K.C. Health Department			Total Budget Revisions made
14	St. Mary's Hospt	Clinica Santa Maria	new	CONTACT: Patricia O'Connor 774-6162
15				INTAKE CONTACT: Call 452-4010 for detailed information as program develops
16				SERVICES: Primary health care in a bilingual setting
17				Program to be oberatiave in February 1990
18	St. Mary Hospt	Heartside Clinic	47	Please list as a separate entity
19				CONTACT: Patricia O'Connor 774-6162
20				SERVICES: Primary Health care, social services, substance abuse, dentistry, pharmacy
21				on site liaison with services offered by Heartside Ministry
22				ELIGIBILITY: Must meet federal criteria for categorization as homeless, including
23				transitional housing and doubling up
24	Amer. Red Cross	Heat Bank	2	DELETE: Under Eligibility requirements #2: Must be 60 years or older, handicapped or
25				disabled or unemployed.......and also #5: Cannot be receiving ADC of GA benefits from
26				DDS. Other restrictions may apply
27	ACSET	Targeted Fuel Ass	1	CHANGE: #1 Must meet the Federal Poverty Income Guidlines of 125%
28				CHANGE: #5 Households with gross annual income at 85% or below poverty level
29				automatically qualify for $200.00
30				ADD: #6 Persons living in subsidized HUD housing with heat included in the rent are
31				are ineligible for TFA
32	ACSET	Home Repairs	14	DELETE: Not an ACSET program (Listed under K.C.D.S.S. on this page)
33		Energy Related		
34	ACSET	Energy Intervention	15	DELETE PROGRAM: Not refunded for 1990
35				
36	Senior Neighbors, Inc.	Housing Counseling		ADD: Housing Counseling and Information Service
37		I & R		50 Weston S. W., Grand Rapids, MI 49503 (616) 459-6019
38				ELIGIBILITY: Kent County resident 60 years of age and older
39	Senior Neighbors, Inc	Rent & Mortgage Ass		ADD: When funds available, will pay first month's rent for homeless and displaced

Senior Meals Program, Inc.

Senior Neighbors Downtown
36 Ionia, SW
Grand Rapids, MI 49503
459-3040

Grandville Senior Neighbors
3380 Division, SW
Grandville, MI 49418
531-5250

Lowell Center Senior Neighbors
214 East Main
Lowell, MI 49331
897-5949

Roosevelt Park Senior Neighbors
739 Van Raalte, SW
Grand Rapids, MI 49509
241-6451

Sparta Civic Center
75 N. Union Street
Sparta, MI 49345
887-1273

XYZ Senior Center
640 Eastern, SE
Grand Rapids, MI 49503
245-4500

Wyoming Senior Center
2300 DeHoop
Wyoming, MI 49509
534-4144

For other information:
Senior Meals Program, Inc.
Suite 540 Two Fountain Place
Grand Rapids, MI 49503
459-3111

Northeast Complex
629 Michigan, NE
Grand Rapids, MI 49503
458-9502

Cedar Springs Neighborhood Center
44 N. Park Street
Cedar Springs, MI 49319
696-2150

West Side Complex
215 Straight Street, NW
Grand Rapids, MI 49504
458-8126

Latin American Services
425 Pleasant, SW
Grand Rapids, MI 49503
456-8126

Friendship Place Day Care
516 Cherry, SE
Grand Rapids, MI 49503
456-6135

United Methodist Comm. House
904 Sheldon, SE
Grand Rapids, MI 49507
241-1645

South Wyoming Senior Center
165 54th, SW
Wyoming, MI 49059
534-1184

MAR 23 '90 12:08 LAPEER CO. HEALTH P.1

COUNTY BOARD
Larry Hinman
David Siegers
Harold Warner

STATE OF MICHIGAN

JAMES J. BLANCHARD, Governor
DEPARTMENT OF SOCIAL SERVICES
C. PATRICK BABCOCK, Director

LAPEER COUNTY
DEPARTMENT OF SOCIAL SERVICES
1505 Suncrest Drive
P.O. Box 400
Lapeer, Michigan 48446

March 23, 1990

The Honorable Donald W. Riegle, Jr.
Sabuco Building, Suite 910
352 S. Saginaw Street
Flint, Mi 48502

Dear Senator Riegle:

I am very sorry I will not be able to personally attend your Senate Banking, Housing & Urban Affairs Committee hearing on Monday. At the same time I would like to submit the attached testimony for inclusion in the Committee's public record.

Homelessness is an issue that we are attempting to address in Lapeer County through a coordinated community effort. We have a group, which calls itself HEAT (Human Emergency Alliance Taskforce) that focuses on the issues of the homeless. This group includes politicians, code enforcement staff, landlords, human services agency staff, clients of Social Services and the general public. Our biggest frustration is trying to compete for the funding we need to begin to address the problem. We have identified a process whereby we could finance low income housing but we cannot gain a high enough priority to get access to the low interest money we need. Competing against Detroit, Flint, Pontiac, etc. puts our problems at the low end of the priority scale.

The problems are critical in Lapeer, as they are in most communities. The only difference is the numbers are not as large.

Thank you for your attention to the issue of the homeless and low income housing. If I can be of any assistance feel free to have your staff contact me any time.

Good luck with your efforts.

Sincerely,

Wallace N Dutkowski

Wallace N. Dutkowski, Director
Lapeer County Department
of Social Services

WND/kl

Attachment

Post-it™ brand fax transmittal memo 7671 # of pages ▸ 1

To Sen Riegle	From W. Dutk.
Co.	Co.
Dept.	Phone # 667 0895
Fax # 766-5119	Fax # —

Testimony for the Senate Banking, Housing & Urban Affairs
Committee on the Issue of the Homelessness
March 26, 1990

Thank you for the opportunity to provide testimony to this Committee on the issue of the homeless. As the Director of the Department of Social Services for the County of Lapeer, I have the opportunity to observe this problem first hand. In the last fiscal year my department, a County of 75,000 people, had 238 cases of homelessness. While 238 cases may not seem like many compared to the statistics for Detroit, New York or Philadelphia it nevertheless represents 238 families who were faced, in the absence of our help, with no place to shelter their families! These 238 families were just as desperate, frightened, angry and homeless as their counterparts in the aforementioned cities. And these were the cases of homelessness that found their way to my agency. How many more were out there that didn't come to us is unknown.

One of my objectives for providing this testimony is to convince this Committee that the problem is perhaps, more pervasive than you thought. The problem of homelessness exists in every community both large and small. And the cases in smaller communities are just as traumatic as those in our largest cities. In fact, cases of homelessness in rural areas may be even more egregious than those in metropolitan areas. We have no Rescue Missions, no temporary shelters and few abandoned buildings. We don't even have steam vents where people could huddle for warmth. The fact that the numbers of homeless are not as great simply means we do not get the attention of the larger metropolitan areas. At the same time, being as insignificant in size when compared to large metropolitan areas, we fight a hopeless battle to attain any of the available federal funds to address our problem. The dollars are so limited that the criteria set for distributing them makes our task of addressing the homeless issue seem nearly unachievable.

Solutions to our homelessness problem must include an approach that recognizes the need for both temporary shelters and more permanent low income housing. Many of our homeless are families, often with single heads of households. Putting them in a temporary shelter does not eliminate their problem. It simply defers it to a latter date. We must also look at ways to increase the amount of housing available to those with low incomes. Increasing the housing stock at this level can be achieved two ways. We could build new low to moderate income housing or we can renovate substandard and condemned housing. Or we can do both.

My second object for testifying is to suggest that there are ways we can attack this problem in Communities of all sizes. First, while grants are the preferred choice for funding homeless programs, grants are limited due to other budgetary pressures. Another approach that perhaps we should look at more often are low interest or no interest loans. Loans are less expensive and offer more potential services for the same amount of money. These loans should be made available to political subdivisions such as counties or cities over 100,000 in population. Criteria for receipt of the loans should include a requirement that a comprehensive plan exists to address the homeless problem. Part of this plan should include a task force or committee made up of citizens and politicians that are familiar with the problems of the homeless including low income citizens. The selection criteria should include an evaluation of how well the plan will address the local need. The issue of the quality of the plan as well as the size of the problem will assist smaller counties in competing with larger ones for limited dollars.

During the last decade housing has been relegated to a back seat to many other priorities. We have created an intolerable situation for low to moderate income families. Many are forced to choose between eating, paying rent or paying their heating bills. Many have chosen to eat and therefore, left themselves homeless. This is a tragedy we must reverse. Renewed attention to housing issues, including those of the homeless, is long overdue. I ask that the committee, while deliberating the issues, remember there are homeless in all communities. We need a program that addresses the needs of all Americans.

Thank you for the opportunity to take part in this important debate.

Wallace N. Dutkowski

Wallace N. Dutkowski, Director
Lapeer County Department of Social Services

COUNTY BOARD
Marjorie Federowski
Kenneth Fraser
Joan Squiers

STATE OF MICHIGAN

CASS COUNTY
DEPARTMENT OF SOCIAL SERVICES
P.O. Box 277
Cassopolis, Michigan 49031

JAMES J. BLANCHARD, Governor
DEPARTMENT OF SOCIAL SERVICES
C. PATRICK BABCOCK, Director

February 27, 1990

Mr. Brad Miller, Regional Representative
For U. S. Senator Donald W. Riegle, Jr.
Suite 716 Federal Building
110 Michigan Avenue, N. W.
Grand Rapids, MI 49503

Dear Mr. Miller:

As I was unable to attend the meeting of Senator Riegle's Homelessness Task Force at the Blossomland United Way in St. Joseph on February 26, I would like to offer the follow comments.

As Director of the Cass County Department of Social Services, and Chairman of the county's Housing Committee, I am very pleased to see the federal government propose legislation to address the housing needs of the poor and homeless in our nation.

Our local housing committee was formed in 1987, particularly to address the housing needs of the low income and elderly in Cass County. The committee contains a wide range of expertise from landlords and contractors to heads of a housing commission, our CAP agency, Public Health Department, Council on Aging, Mental Health, and Board of Commissioners. After months of collective effort, we identified the following as housing needs in the county:

1. There is not enough housing for low income or special needs individuals. Most of our homelessness is hidden by several families living under one roof. For example, as of January 1990, 80 welfare households were identified with two or more active cases. The specific breakdown was given to you when we met on February 13. In March, the Cass County DSS will undertake a study to determine how many households with multiple families are a combination of welfare and non-welfare clients.

2. There are waiting lists for all subsidized housing units in the county. Although there is a great deal of real estate for sale, this is out of reach of the low income. Of 861 ADC households which were identified in 1987, 75% were renters. Within this percentage, 75% had to supplement their DSS shelter allowance with personal needs monies. The other 25% who are home owners, fare much better with only 36% of those having to supplement their shelter allowance with personal needs monies.

3. Much of the housing in Cass County is in need of rehabilitation. Almost 33% of the housing stock was built before 1940. Poor or substandard conditions exist as landlords or owners simply cannot afford the cost of rehabilitation. The City of Dowagiac is the only area which has housing codes and these are enforced regularly. We periodically receive a listing from the Health Department of condemned dwellings, many of which could undoubtedly be

rehabilitated if the funds were available. The Health Department also has on record an extensive list of renters who would like to have their residence inspected, however, there simply is no staff to address the need.

We very much need government funds to assist us with our housing problems. Although the committee has worked very hard during the last two years to bring as many funds into the county as possible, this still does not address all of our needs. The variety of options and proposed accessibility to funds is encouraging. Also favorable is the focus on local responsibility and flexibility. Recognition of special needs in situations such as rural areas, of which we are one, the frail elderly, a group which is increasing on a steady basis, and the disabled, is encouraging.

It is the hope of our committee that Senator Riegle will continue in his efforts to see housing legislation passed. If we can be of assistance in offering any more information about our own situation, we will be more than glad to do so.

Again, thank you for an opportunity to provide input on this very critical issue.

Sincerely,

Kay Williams

Kay Williams, Director
CASS COUNTY DEPT. OF SOCIAL SERVICES

KW:mdr

DONALD W. RIEGLE, JR.
MICHIGAN

COMMITTEES:
BANKING, HOUSING, AND URBAN AFFAIRS, Chairman
FINANCE
BUDGET

United States Senate
WASHINGTON, DC 20510

HOUSING MICHIGAN'S HOMELESS: SEARCHING FOR SOLUTIONS

Senate Banking, Housing and Urban Affairs Committee

Chairman Donald W. Riegle, Jr.

Sign In Name: Rochelle Upfal

Address: 26400 Lahser Suite 104
Southfield MI 48034

Representing: Wingate Management Corp.

****

I invite you to attach a prepared statement or to submit your written testimony: I appreciate your holding your hearing in Detroit and looking towards solutions to solve our homeless problem. I encourage the Senate Banking committee to continue working for increasing funding for subsidized housing for people of all ages. In particular I urge you to increase funding for the Sect. 202 program to 20,000 units and to unclog the pipeline. The 202 program has been a model program coupled with Sect. 8 to serve millions of elderly Americans. The elderly represent a large segment of near →

MICHIGAN REGIONAL OFFICES

WAYNE-MONROE
1850 McNamara Federal Bldg
477 Michigan Ave
Detroit, MI 48226

SOUTHEASTERN
Century Center Bldg., 3d Floor
30800 Van Dyke
Warren, MI 48093

EASTERN
Sabuco Bldg., Suite 810
352 S. Saginaw Street
Flint, MI 48502

CENTRAL
700 Washington Square Bldg
109 W. Michigan Ave
Lansing, MI 48933

WESTERN
Suite 716 Federal Bldg
110 Michigan Ave., N.W.
Grand Rapids, MI 49503

NORTHERN LOWER
309 Front Street
Traverse City, MI 49685

UPPER PENINSULA
Room 323, P.O. Bldg
200 W. Washington
Marquette, MI 49855

homeless persons. Elderly will generally give up everything before their home. Consequently an increasing number of older people are going without adequate nutrition and health care to hold onto their homes.

We must increase the existing housing stock! The waiting lists for subsidizing housing developments are growing daily. Given the statistics of our rapidly growing aging population the need for safe, affordable, and decent housing must be a national priority.

Thank you for your opportunity to testify today.

DONALD W. RIEGLE, JR.
MICHIGAN

COMMITTEES
BANKING, HOUSING, AND
URBAN AFFAIRS, Chairman
FINANCE
BUDGET

United States Senate
WASHINGTON, DC 20510

HOUSING MICHIGAN'S HOMELESS: SEARCHING FOR SOLUTIONS

Senate Banking, Housing and Urban Affairs Committee

Chairman Donald W. Riegle, Jr.

Sign In Name: Valerie Thurber

Address: 8091 S. Waldron Rd
Pittsford, Mi 49271

Representing: Siena Heights College

****

I invite you to attach a prepared statement or to submit your written testimony: I think the Farmers Home Administration needs to be revised. This was for low income families. Now both people must be employed and loans are not given to ADC people. They also refused to help people who are having problems. They will forclosure on houses one month behind. Hillsdale County Office lacks communication.

MICHIGAN REGIONAL OFFICES

WAYNE MONROE
1850 McNamara Federal Bldg
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SOUTHEASTERN
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Warren, MI 48093

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DONALD W. RIEGLE, JR.
MICHIGAN

COMMITTEES
BANKING, HOUSING, AND URBAN AFFAIRS, Chairman
FINANCE
BUDGET

United States Senate
WASHINGTON, DC 20510

HOUSING MICHIGAN'S HOMELESS: SEARCHING FOR SOLUTIONS

Senate Banking, Housing and Urban Affairs Committee

Chairman Donald W. Riegle, Jr.

Sign In Name: Catherine Eileen La Palm

Address: 6011 Huber
Detroit Mi 48211

Representing: Westside Mothers Welfare Rights Org

****

I invite you to attach a prepared statement or to submit your written testimony: Wayne County Shelter allowances are 30.00 less then other counties in Michigan, from the DSS.

Michigan has a cap of $260.00 per the month DSS allowances.

One of our members had her gas cancelled by the DSS. The gas she received was $607.08 which is now suppose to paid. How, how long can she stay in her home, before the pipes broke, How can she cook meals, heat water, etc.

She soon be roming with her Children.

MICHIGAN REGIONAL OFFICES

WAYNE MONROE
1850 McNamara Federal Bldg
477 Michigan Ave
Detroit, MI 48226

SOUTHEASTERN
Century Center Bldg., 3d Floor
30800 Van Dyke
Warren, MI 48093

EASTERN
Sabuco Bldg., Suite 910
352 S. Saginaw Street
Flint, MI 48502

CENTRAL
700 Washington Square Bldg
109 W. Michigan Ave
Lansing, MI 48933

WESTERN
Suite 716 Federal Bldg
110 Michigan Ave., N.W.
Grand Rapids, MI 49503

NORTHERN-LOWER
309 Front Street
Traverse City, MI 49685

UPPER PENINSULA
Room 323, P.O. Bldg
200 W. Washington
Marquette, MI 49855

3/26/90

Sen. Riegle —

Please address the need to take funds from a bloated Pentagon budget & use those funds for the needs of our people.

The only security we have is a satisfied, healthy & sheltered people. We cannot find that security in arms & MX missiles.

I submit these remarks as Chair of the International Commission of the Women's Conference of Concerns.

Margaret Fishman
Chair - Intl.
Commission - Women's
Conference of Concerns

18317 John R
Detroit Mi 48203

Testimony on the Problem of Homeless in Michigan

Monday, March 26, 1990

Submitted to Senator Don Riegle, Chairman
Senate Committee on Banking, Housing and Urban Affairs

Submitted by Alternatives For Girls
1950 Trumbull, Detroit, MI 48216

ALTERNATIVES FOR GIRLS
AND
THE UNMET NEED IN DETROIT

Alternatives For Girls is a community-based, non profit agency offering emergency shelter, transitional housing, support services and prevention to girls and young women (ages 5-19) in the southwest Detroit area. By offering these services we concentrate on addressing issues connected with and providing support to girls already living on the streets as well as those for whom life on the streets is inevitable. One thing is certain that the need for our services far exceeds our ability to serve our target population.

The actual unmet need is difficult to measure given our mobile population. When a young woman is forced out of her home she often bounces from the houses of relatives and friends to emergency or runaway shelters, at risk of exploitation at every step--before she can pause long enough to gather her resources and develop the skills necessary to live independently. This means that clients often come from outside our target area, and a study reaffirms that although 63% of homeless youth find shelter within the same community or county, 26% are from elsewhere within the state (Occasional Report on Runaway and Homeless Youth Data, Runaway and Homeless Youth Program, Department of Health and Human Service, June 1987). Therefore, statistics for Detroit's homeless population are not representative of all of those we could serve; our service is not restricted solely to the service area. However, within the service area alone, there are measurable risk factors which are likely to translate into a throwaway of homeless situation. Census figures from 1980 reveal that percentages of the target area population living in poverty range from 25 to 50%. The percentage of children in poverty is even higher, ranging from 23 to 63%. Drug abuse is widespread, abandoned and burned out buildings are common, and dysfunctional families the rule rather than the exception. National figures show that child abuse, neglect and sexual abuse have increased from 1.15 million children in 1980 to 1.88 million in 1985, or 3% of all children. (Profile of Child Health in the U.S. by National Association of Children's Hospitals and Related Institutions, Detroit Free Press, February 1989). Therefore, it is clear that figures have risen in our target area for child abuse and neglect; more youth in our target area are at-risk.

Poverty, child abuse, and dysfunctional family life cannot be wholly blamed for the problems of homeless youth, but are clearly risk factors: "Homeless youth are far more likely...to be seen as neglected by their parents, and more likely to come from a family situation in which parental drug or alcohol abuse, domestic violence, or family mental health problems are contributing factors." (Occasional Report on Runaway and Homeless Youth Data). Within the city of Detroit, the homeless population has been estimated at 12,000 in 1988, up from an estimated range of 8,000 to 10,000 in 1987. (Martha Wylie, Detroit Representative of National Coalition for the Homeless, Detroit Free Press, November 1988). Other estimates are as high as 25,000 (Comprehensive Housing Assistance Plan, 1989), no CHAP numbers available for 1990. In a city that offers only 750 (figure from Spring, 1989) emergency shelter beds, there is an obvious discrepancy between the need and its fulfillment.

There are no existing studies which break down the homeless population by age group, but it is clear that Alternatives For Girls (AFG) reaches out to a segment of the homeless population whose special needs are virtually ignored by other city shelters. First of all, Our Child Caring Institution license makes us the only shelter in Detroit that will accept homeless and throwaway young women ages 13-17. One existing emergency shelter with 100 beds will accept young women ages 17 and up--but it also accepts children (reducing the number of available beds) and men (which can pose threats of exploitation similar to those on the streets). Other programs which accept young women under the age of 17 include a pregnancy program (20 beds); a residential treatment program for young women with mental and behavioral disorders (33 beds); and a runaway shelter (8 beds), whose aim--to reunite a child with her family--may be unhealthy for some of our population, due to drugs or physical/sexual abuse in the home. Obviously there is a shortage of beds in Detroit in general but even more alarming for youth under the age of 18 years.

Since February of 1988, AFG has denied shelter to at least 200 women because of lack of space or they were to young for the program. Our Child Caring License has helped us address part of this need, and we've also hired a full-time General Outreach Coordinator to provide services and referrals to clients currently ineligible for our program due to their age.

In many cases, clients under the age of 18 become homeless because they are "pushed out" of their home situation or are "thrown away." A 1987 study reported that 64% of homeless youth are thrown away or pushed out youth. This results in what might be thought of as premature departure from the home, occurring before school is completed or job skills and living skills are acquired. We provide long-term transitional housing for this neglected population and even more is needed, thereby, allowing younger clients to finish school and secure permanent housing. For a young woman under 18 in particular, runaway shelters provide only 2 weeks shelter, and longer-term residential treatment programs are for pregnant women. Even if she is ready for independent living, a landlord is very unlikely to rent an apartment to a young woman under 18 years old.

AFG's statistics reflect the need and desire for younger clients to stay longer periods. The average length of stay for a 17-year-old is two and a half months, whereas older clients have tended to stay an average of just over one month. In 1989, at least 60% of the total nights of care were transitional (i.e.

longer than 30 days), with a higher occupancy rate and longer stays by younger clients. We are the only transitional housing facility that accepts girls as young as 13. With a wide range of available services, from health care to counseling, transitional housing can provide a more supportive environment than an emergency shelter, and a far more hopeful environment than a youth correctional facility, in reality little more than a grim and expensive holding pen. At St. Peter's Inn, young women voluntarily participate in an independent living program which provides a positive environment and an opportunity to explore individual goals and options.

Although a first glance may indicate that there are over 300 beds in Detroit for homeless young women, the choices are extremely limited and very much in demand. For instance, with families the fastest growing segment of the homeless population--and 80% of these headed by women--a growing number of beds will be needed by young mothers and their children in the upcoming year. (CHAP, 1989)

Given the specific requirements of certain shelters in the city of Detroit, we can estimate that at least half of the available 300 beds will be filled with women and their children; at least 8 of the available beds will be given to runaways; and at least 20 will be used for young women who are pregnant. In addition, we can give a conservative estimate that at least 50 of the available beds will be filled at any given time. This leaves a more realistic number of approximately 75 beds available to a homeless young woman who is looking for shelter, and she must be 17 and older to be eligible.

St. Perter's Inn statistics reveal that 75 beds are not enough to meet the need in Detroit. On average every month we turn away 10 girls because of lack of bed space. Other reasons we may deny shelter are the young woman has a child, she may be drug addicted or she maybe older than our target population. Add to this the knowledge that even if a young woman was admitted to one of the shelters above--which she would not be unless she was 17--she would receive little to no assistance in determining her options, no health care, no advocacy, no development of skills, and no enhancement of her self esteem to enable her to function independently (Occasional Study on Runaway and Homeless Youth Data reports 40% of homeless youth are depressed; 45% have a poor self-image). Two weeks later, or even a month or more later, the young woman is back on the streets again, again expose to dangers like drug abuse, violence, and prostitution.

Recommendations

The root problems of homelessness are the result of years of race, sex, age and class discrimination in the United States. Deinstitutionalization and gentrification are additional factors associated with the homeless problem in large U.S. cities. These societal problems are apparent and should be kept in mind when looking for solutions to homelessness. Below we have listed some general recommendations for addressing and preventing homelessness among our specific target population -- girls and young women ages 5-19 years old.

1. More HUD money needs to be available for existing transitional housing programs, and not merely for new projects or expansions. While new programs are necessary, existing programs could better serve clients if the stress of funding were alleviated and more general operating funds were available. Additionally, we have already posed the argument for transitional housing, as an effective, means of dealing with the lack of skills and education as well as prejudice a youth from our community often faces.

2. Prevention programs for younger aged youth similar to ours need to be developed and provided with adequate funding. We have had measurable improvements in self-esteem and motivation and, thereby, increase in school attendance and achievement among our group participants. We currently have 130 girls ages 5-17 in our Neighborhood Prevention Group Program. The girls we work with are at extremely high risk of dropping out of school, experimenting with drugs and being sexually abused. The program provides the girls with positive adult role modes in a peer group format.

In conjunction with prevention programs like ours, we need more and specifically trained Protective Service workers, family intervention and alternative placements for those girls we identify as being abused or neglected.

3. Much better funding for inner city schools, which have high concentrations of high-risk youth. Additional staff should include more social workers to address the emotional problems of high risk youth, as well as having tutors available to work individually with youth having problems concentrating because of family problems.

In addition, youth need to be respected and encouraged to make thoughtful decisions on their owm within the school setting. Responsibility and creativity need to be developed before young people leave school and face the world on their own.

4. More drug treatment programs in general, but specifically for youth. We have had contact with girls as young as sixteen with hard core, long term drug addictions. These early addictions will obviously interfere with academic learning, but also in any development of practical life skills.

In addition, any drug treatment or prevention programs need to include a component for assisting the client in finding ways to vent stress and frustration in a more positive way.

5. It would seem that the city of Detroit could open up some of the hundreds of abandoned houses to homeless and low-income

people, and provide them with no-interest loans for rehabilitation. While Detroit has some of the cheapest rent and housing costs of any large U.S. city, we also have 25,000 homeless by the city government's own estimates. While this option may not be open to our young target population, it may be an option for their families.

While the Senator may be searching for more specific recommendations here, there are certain prejudices and trends that need to be addressed when dealing with long-term solutions to homelessness. We firmly reassert our recommendation that funding for homeless programs and programs relating to the causes of homelessness (drug addiction, unemployment, lack of education and mental health problems) needs to be increased; but we also would like the Legislators to acknowledge and confront the root problems that are systematic in American society.

Mission Board of the Presbytery of Detroit
15757 Plymouth Road
Detroit, Michigan 48227

Re: Public Hearing on the Homeless
By: Senate Banking, Housing and Urban Affairs Committee,
Senator Donald W. Reigle, Jr.
At: Mercy College Conference Center, Detroit, Michigan,
March 26, 1990

The Mission Board had participated in the Hospitality Ministry to the Homeless program in the metropolitan area of Detroit during the 1989 - 1990 season. We had taken the week of Dec. 31,1989 through January 7, 1990 as our time to house, feed, and counsel them. We had over 100 people from a number of churches participating in meals, transportation, providing clothes and hygiene items, and in general offering them a place that is warm and friendly rather than the streets. The people who helped with the program were surprised that they were like the rest of us, but down on their luck. The Cass Drop-in Center screened those who came to the churches, so that alcoholics and addicts were not included in those were approved for this program. We had some families, and in a couple instances, little babies as well. The ages of the people ran from youth to old age, both male and female. We averaged about 70 per night, which we housed, fed, and made to feel at home. Those who wanted to talk with a pastor or counselor, had the opportunity to do so. A total of over 90 different persons came during that one week. This was repeated in each of the churches in the program, which ran from September through April.

One of the persons on our Board that helped with the program remarked that he was impressed at the resilience of the people to put up with such a way to live. He wondered if he would be able to do it if he were in their shoes.

The churches in this area are undertaking this program again, because it is one answer, though a woefully inadequate one, to the housing needs of the poor. What is needed is shelter. Somehow, we need to impress those who build for the middle and upper classes, which is profitable for them, that they also need to build shelter for the poor, which is not as profitable for them.

Our Mission Board is also participating in the Michigan State

Housing Development Authority program of rehabilitation of homes in the area where our Board is located. It helps, and it reclaims some housing already built but in need of repair so it is livable. But it will not deal adequately with the needs of the homeless. Surely some kind of partnership between government and business. with sufficient safeguards that any funds go for the homes for the homeless, can be worked out so this problem in our nation can be alleviated. It hurts to see us giving millions to put other nations on their feet, when we do not treat our own people with enough dignity so they can have a roof over their head.

There is only so much the "points of light" can do. There is limited candle power in their reserves. If everyone was active in a church and supporting fully their programs, it would be another matter. But that is not the case. The time is here now, when a dawn must come, and the sun must rise so it shines on all the people, not on just a few.

Our committee is grateful for this opportunity to share whatever experience and information we have, in hopes it can be helpful to you in determining some action for the homeless.

Most Sincerely Yours,

Rev John K Sefcik

Rev. John K. Sefcik, Board
Member

Contact Person: Rev. Sandra Edwards, MSW,
Executive Director.

YWCA of Greater Flint, 310 E. Third St., Flint, Michigan 48502 (313) 238-7621

March 26, 1990

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Senator Donald W. Riegle, Jr.
Banking, Housing, and
Urban Affairs

Dear Senator Riegle:

Women and children come to our shelter seeking Safe secure housing from the violence in their homes. In their attempt to locate housing the following barriers become a tremendous road block:

1. Landlord become reluctant to rent to clients of Domestic Violence.
2. The client is forced to settle for sub-par housing that provides less than adequate living.

I believe the federal programs could best help homeless mothers and their children of Domestice Violence by:

1. Enforcing housing discrimination laws
2. Require landlords to have a license to rent maintain units up to code or have license revoked
3. Mandatory arrest of the assailant

A number of our clients are forced to leave their homes due to the trauma of violence in their homes , drug infested neighborhood crack houses, and the resistance of the police to arrest the assailant.

These client have (15) days to establish independent living with SAFE affordable housing or return to the violence where they could face possible death or the lost of their children. It is more than critical to these families that they find SAFE secure affordable housing, It also becomes a matter of life and death.

Sincerely,

Yvonne Fenton

Yvonne M. Fenton
House Manager/Administrative Assistant
Domestic Violence/Sexual Assault Services

A United Way Agency
A United Way Agency

The YWCA is an equal opportunity/affirmative action employer.
The YWCA is an equal opportunity/affirmative action employer.

DONALD W. RIEGLE, JR.
MICHIGAN

COMMITTEES
BANKING, HOUSING, AND URBAN AFFAIRS, Chairman
FINANCE
BUDGET

United States Senate
WASHINGTON, DC 20510

HOUSING MICHIGAN'S HOMELESS: SEARCHING FOR SOLUTIONS

Senate Banking, Housing and Urban Affairs Committee

Chairman Donald W. Riegle, Jr.

Sign In Name: R. Barry Martin

Address: 407 N. Greenlawn
Lansing, MI 48910

Representing: C-E-I, C.M.H. HOMELESS OUTREACH Program

****

I invite you to attach a prepared statement or to submit your written testimony: THE HOMELESS OUTREACH Program of CLINTON-EATON-Ingham COMM. MENTAL HEALTH Bd. is Funded through A McKINNEY ACT GRANT to provide OUTREACH & HOUSING services FOR "MENTALLY Ill HOMELESS individuals. BETWEEN 10-87 & 9-89 Our program served 338 individuals. It is very IMPORTANT THAT this program remain funded due to the extreme need of Homeless mentally ill individuals. We are making an impact on Assisting people who have found the STRESS of being Homeless in this INCREASINGLY Complex Society to be MORE than they can COPE with ALONE.

MICHIGAN REGIONAL OFFICES

WAYNE MONROE
1860 McNamara Federal Bldg
477 Michigan Ave
Detroit, MI 48226

SOUTHEASTERN
Century Center Bldg, 3d Floor
30800 Van Dyke
Warren, MI 48093

EASTERN
Sabuco Bldg, Suite 910
352 S. Saginaw Street
Flint, MI 48502

CENTRAL
700 Washington Square Bldg
109 W. Michigan Ave
Lansing, MI 48933

WESTERN
Suite 716 Federal Bldg
110 Michigan Ave., N.W.
Grand Rapids, MI 49503

NORTHERN LOWER
308 Front Street
Traverse City, MI 49685

UPPER PENINSULA
Room 323, P.O. Bldg
200 W. Washington
Marquette, MI 49855

26 March 1990

To the Senate Banking, Housing and Urban Affairs Committee,

I offer this brief testimony on behalf of my family, myself, and the many homeless individuales in our society.

I have followed the plight of the homeless for many years. I have witnessed people who for their own reasons live on the streets without a home. I have served dinner to a few of these people at a Christmas dinner provided by the Salvation Army, and then I watched as these same people returned out into the cold of the day with know real place to go. I felt powerless to help them other than the help I gave on that day. My family and I have almost became homeless, and we still fear this may happen.

Some facts about my family are that we are a large family of eight, receive assistance from the Aid to Dependent Children program, and desire to better our situation. I am currently enrolled as a college student. With an Associate of Arts degree in my back pocket, I am three semesters away from my B.A. in Human Services/ Psychology and a Minor in Social Work.

The rented home we live in is too small as every wall is filled with furniture and every possible space is filled with stored items that we own. Three bedrooms is all we have to house two girls, and four boys. A backroom which houses our laundry facilities was used as a fourth bedroom for two of our boys until one winter it became so bitter cold they were moved to the largest bedroom with the other two boys. In the spring of that year we moved the two boys into a very small unfinished room which had been used for storage. The whole house is heated by a large space heater in the dinning room. In many rooms during the winter it is not uncommon to see your breath from the cold in the morning.

Our home may be inadequate in space for the size of our family, however my wife and I have used it, and we have made it into a happy home for our children. Our landlord is helpfull as he is willing to keep the house maintained.

My wife and I have been looking in our area for another home larger and more suitable for our needs for the last two years. We have been able to find nothing large enough to house our family.

About 18 months ago our landlord put the house we live in up for sale. We were extremely concerned as if he were to have sold it we would have had no place to go. We made jokes about the situation and said if we had to leave we could live in our van. We joked to keep our spirits high, but the reality was it could have happened. Our landlord was not able to sell the house we live in. Even though it is presently off the market from time to time he still tries to get interested parties to look at it. Our plight is still very real.

I have tried to keep this testimony brief as I know your time as well as mine is short. Please keep the following in mind--I commend the actions of this and other committees that are trying to gain more houseing for people without a home. I realize our society is over taxed as it is, but the people who are homeless as well as the people who are hungrey, those who are druged addicted, and those who need proper medical care are not always able to stand up to be noticed. They are not aways able to say "help" as their daily struggle keeps them at odds with their need. The means to these ends will have to come from concerned human beings, like ourselves, who reach out and help those people who are in these situations.

Please I urge the members of this Committee to stand up for the many cold, tired, and hungrey people who can not stand up for themselves. Find a way to provide adequate housing, and urge other people to help with this delimma.

Thank you for your time.

In the deepest of humility,

Brad Lee Butler, A.A., Husband, Father,
Student, and Out Reach Volunteer

P.O. Box 272
Onsted, MI 49265

HOMELESS OUTREACH PROGRAM

FOURTH QUARTER REPORT

JULY-AUGUST-SEPTEMBER 1989

CLINTON-EATON-INGHAM

COMMUNITY MENTAL HEALTH BOARD

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OVERVIEW OF PROGRESS TO DATE

The Homeless Outreach Program has had another very busy quarter in which positive relationships with both site and service agencies have been continued and strengthened. In addition, many new positive contacts were made with various housing providers throughout Lansing. Much of non-client time was spent in advocacy efforts with service providers in the community, the activation of the Homeless Outreach Council, presenting on outreach and intervention at a conference in Wisconsin, and the leasing of transitional housing to clients.

Fifty one new clients were referred to the program during the fourth quarter : Twenty six individuals were on a consult basis, twenty five were referred for an intake of which twenty were seen and taken through the formal intake process. Two of these clients chose to terminate services after intake stating that they did not need help and/or were not mentally ill. One of the referrals was late in the quarter and so did not have their intake completed yet, three of the intake referrals to the HOP by another program did not choose to follow up the referral, and were not able to be located by the HOP, and one client was referred by an agency who had observed but not approached the client and this client was not able to be found again. In addition, *seventeen* clients from previous quarters received continuing long-term outreach services and follow-up was done on clients seen in the past seven quarters. The average client referred in this fourth quarter was a 37 year old white single male who has a previous CMH history, was not hospitalized in the past six months, is homeless due to his mental illness and/or interpersonal problems, and whose main concerns were to find mental health services and emergency and long-term housing. Ten percent of clients referred this quarter were homeless due to substance abuse problems.

As reported last quarter, much time was again spent on program development in this quarter. As resources have become fewer and waiting lists for traditional services longer, it has become evident that a new strategy is needed. Our aim continues to be more towards long-term goals, towards permanent solutions, and towards community networking.

There were positive developments in the area of housing with our two leased apartments being utilized by two clients as transitional housing until something more permanent can be found. This success has led to efforts to possibly lease two more apartments in the near future. We also met again with an ad hoc board from the City of East Lansing to help develop policies dealing with the problems of housing for the mentally ill. Further progress towards strengthening our links to the local landlords' association was also made.

PROGRAM OVERVIEW CONTINUED-

Advocacy efforts included our regular meetings with the Michigan Housing Coalition and the Housing Resource Center, and also involved regular ties with the Friendship Medical Clinic. Three meetings of the newly formed Homeless Outreach Council were held and consisted of members of various service providers from the community, and efforts continue to establish a local information network.
In September, one of the HOP therapists did an inservice on mental illness to Loaves and Fishes, the Red Cross, and members of the Capitol Area Service Center, and the other presented on the needs of the homeless mentally ill to the East Lansing Ad Hoc Committee on Mental Illness.

We are still working on the completion of a brochure which we intend to present to the local landlord association at an upcoming meeting. This brochure is a synopsis of the HOP program and highlights the aspects which we feel are potential incentives for landlord involvement in our program. We hope that this will stimulate a renewal of landlord awareness and involvement in providing homes for the mentally ill homeless.

Finally, we have progressed in the effort to develop a program which we can bring to churches and possibly to private industry which will provide an opportunity for them to be uniquely involved in providing housing for the homeless mentally ill. In short, we are developing a way that congregations can finance a single unit apartment for a prospective client. Our program, in turn, will provide support services and assist the client in maintaining their daily living skills in the community.

STATISTICAL OVERVIEW

TOTAL REFERRALS TO THE PROGRAM- 51

TOTAL CONSULTS- 29 ON 26 DIFFERENT CLIENTS

51
-26
25

TOTAL REFERRED FOR INTAKE- 25

25
- 4
21

NUMBER ACTUALLY SEEN- 20

FORMAL INTAKE DONE- 20

CLIENTS WHOSE INTAKES WERE NOT DONE YET- 1

TOTAL CASE MANAGED- 21

TOTAL CLIENTS REFUSING SERVICES FROM HOP- 6

TOTAL CLIENTS UNABLE TO BE LOCATED- 4

TOTAL CLIENTS REFUSING SERVICES AFTER INTAKE- 2

SERVICE MODALITIES

Clients continue to be either referred via telephone or encountered while at a site agency or out on the street. Intakes are still being done at the office at Emergency Services, at a site agency, on the street, in a bar, at a friend or relative's house or elsewhere in the community.

Site agencies continue to be visited two to four times a month, depending on their needs; all sites are contacted by telephone at least once a week as a liaison effort. In addition, both of the program therapists have regular appointment hours at one particular site agency one day each week.

One of them is available on Tuesdays at the Friendship Medical Clinic, located at the Harvest House site agency, from one to five pm, usually by appointment. These clients are primarily only seen on this day thereby allowing the program to take on new referrals without requiring a lot of extra case management time. The other therapist is available on Fridays at the Daytime Resource Center. Follow-up is done as needed, often on a daily basis, by visiting the client wherever they are staying, at a site agency, by telephone or by appointment at the office.

Services so far have included:

(1) Intake/assessments, individual crisis, supportive and educational counseling, working with site agency directors, landlords, housing resources, the Department of Social Services and the Supplemental Security Income office.

(2) Locating housing, transporting the clients to the housing, working the details out with the landlord and then moving them in.

(3) Going through the Department of Social Services process with the clients, assisting them with cashing the initial check and obtaining groceries, networking by telephone to locate needed resources and giving the individual any necessary referrals to resource agencies.

(4) Case management services which consist of seeing a client past the original maximum ten visits and which include teaching and maintaining daily living skills.

SERVICE MODALITIES CONTINUED-

(5) The use of an intake screening packet for use by volunteers and staff of site agencies to help gather information and identify those persons who may be in need of mental health services.

(6) The use of two transitional living apartments exclusively for HOP clients until they can be helped to find permanent housing. Stays are up to three months, and clients do not have to pay first months rent and deposit, but do start paying rent as soon as their benefits can be started. If this continues to be successful, additional apartments may be leased by the program.

Keeping in mind that a certain service is only recorded if it is the primary reason for the client contact, and that most phone calls to someone other than the client are recorded as informational calls, Here is a statistical breakdown of services clients receive:

1) SERVICE: CONSULTS TOTAL=29 ON 26 SEPARATE CLIENTS

INVOLVED:	#	%
INFORMATION:	9	31
CRISIS INTERVENTION:	4	14
SUBSTANCE ABUSE:	4	14
LONG TERM HOUSING:	2	7
EMERGENCY HOUSING:	2	7
TEMPORARY HOUSING:	7	2
MEDICATION	2	7
OTHER:	2	7
TRANSPORTATION:	1	4
COUNSELING:	1	4
TOTALS:	29	100%

*percentages have been rounded so do not total 100%

SERVICE MODALITIES CONTINUED-

(2) SERVICE: CASE MANAGEMENT

TOTAL= 366 CONTACTS ON 38 SEPARATE CLIENTS
(21 this quarter, 17 from before)

INVOLVED:	#	%
INFORMATION:	73	20
GENERAL COUNSELING:	70	19
EMERGENCY HOUSING:	31	9
MONEY MANAGEMENT:	27	7
TRANSPORTATION (solely)	26	7
BENEFIT AID:	23	6
INTAKE:	20	5
LONG-TERM HOUSING:	19	5
LEGAL AID:	14	4
FURNITURE:	12	3
TEMPORARY HOUSING:	10	3
EMERGENCY FOOD:	9	3
CRISIS INTERVENTION:	8	2
OTHER:	7	2
SHOPPING WITH CLIENT:	7	2
MEDICAL AID:	4	1
MENTAL ILLNESS:	2	0.5
HOSPITALIZATION:	2	0.5
TOTAL:	366	99%

* percentages have been rounded off and so do not total 100% *

OBSTACLES/SOLUTIONS

Programmatic obstacles are as follows:

All of the obstacles mentioned last quarter still exist along with some new ones, however, we are making progress. These obstacles and solutions are:

(1) The need for longer term case management services. It has been noted that:

A) P:

There still exists a lag time of at least two months between the time a client is referred for CMH services at the Ingham Outpatient Counseling Center and when these services actually begin. Since most of these clients require more outreach and intensive case management (similar to ACT) than either our outpatient counseling center or case management unit provides, even those accepted as clients are falling through cracks and soon after intake are not being seen. The lag time and this population's unique needs necessitate extra supportive counseling from the HOP to keep the client engaged, and to maintain the progress made up until they are seen.

S:

One way we are addressing this problem is by meeting with the supervisors of both units to develop a method of serving these homeless clients in a way that matches their needs. Shorter waits until intake at the Ingham Counseling Center and more aggressive outreach efforts by therapists at both programs are desireable. Steps being taken by the CMH Board to lessen the case load of traditional case managers and a closer assessment of each client's needs in terms of how each program can best serve them, are combining to create more time for case managers and providing more specific treatment plans for working with the homeless mentally ill.

B) P:

The nature of the population being served often involves a large investment of time to build trust and a positive rapport with the client before they agree to engage in traditional CMH services. In addition, it has become apparent that a number of clients are resistant to the fact that they suffer from a mental illness and need help. Overcoming this resistance is a long, slow process.

OBSTACLES/ SOLUTIONS CONTINUED-

S:

At this point in time we are reviewing our agencies ability to create a full time case management position which would take on only HOP cases, thus having the ability to invest the time needed to successfully work with our clients. (see obstacle #4 solution)

C) P:

Due to the difference between what the Department of Social Services is able to pay and what the landlords are charging to rent a decent apartment, it is often a long and difficult process to find adequate housing for clients.

S:

The creation of the Homeless Outreach Council is one way in which we are working to find a solution to the difficulty of locating affordable housing. There have been further steps taken to form a network in the community to help the homeless which will make the whole process of going from the street to permanent housing much quicker and easier for clients and more secure for housing providers. This networking council is comprised of landlords, apartment managers, police, health care providers, representatives from shelters, drop-in centers, CMH emergency services, the Red Cross, benefit provider agencies (DSS, SSI), and churches. Others will be included as interested. It is hoped, that this council can become a community effort which could go on indefinitely with or without the support of the HOP, whose future is somewhat uncertain. We believe that the solution to the homeless problem is in the community. Our initial meetings have been successful, providing a forum for community agencies to voice their concerns and to problem solve. Partnerships have developed already which have increased the speed in which services can be accessed by the homeless mentally ill.

OBSTACLES/ SOLUTIONS CONTINUED-

D) P:

Once clients have moved into a new apartment, the majority still are in need of basic homemaking skills.

S:

We plan to utilize the Justice in Mental Health Organization (JIMHO) and possibly student interns as peer counselors who can help our clients to better manage these skills. In addition, two organizations, Families helping Families and the Lansing chapter of the Alliance for the Mentally Ill have expressed an interest in helping our clients gain needed personal skills.

E) P:

There is a group of clients which, although no different diagnostically from other clients, do not carry the hospitalization record necessary to qualify for either case management or A.C.T. services.

S:

We are taking these type of clients on a case by case basis and advocating with both Ingham Outpatient and CSS Case Management Services to agree to work with this unserved population.

F) P:

We have become aware of a large population of DD/MI individuals being victimized who are homeless (extremely transient) but who do not want formal services. This group would probably accept informal outreach.

S:

After letting CEI's program director become aware of the problem which exists, we have also talked with case managers at the Community Services for the Developmentally Disabled who are interested in helping us devise a plan to serve the unique needs of this population.

OBSTACLES/ SOLUTIONS CONTINUED-

G) P:

The main obstacle, again, that we have encountered during the past quarter has more to do with maintaining our clients in current programs in the Community Mental Health system. Apparently, due to the many factors involved in the mental illnesses of the homeless, it has proven exceedingly difficult to connect this group with traditional mental health services, specifically case management. The frustration of these case managers stems from the difficulty they experience in trying to get clients to attend scheduled follow-up sessions after an intake is done, to help these clients manage their finances, or to remain medication compliant. All of these circumstances burden an already overworked staff who are trying to manage caseloads of forty to fifty clients. In short, due to the inability of traditional case management resources to respond to our clients needs for outreach, eventually, clients are referred back to the HOP. This is becoming an increasingly faster vicious circle.

S:

The agency is currently reviewing the possibility of hiring a case manager to work specifically with homeless referrals. We believe this position may be able to financially support itself as the HOP continues to refer mentally ill homeless to case management. In addition, the creation of a separate program to serve those traditional case management clients who require mainly medications has decreased caseloads and hopefully will result in more outreach work being done by traditional case managers.

2) P:

We still see a need for a liaison with the Veterans Hospital through our C.S.S. case management program. It has become increasingly noticeable that a number of our clients who are homeless are actually persons who have been discharged or have left A.M.A. from the V.A. Hospital. Because of the serious dependency needs which exist for clients who are served by the V.A. system, it seems appropriate that successful outreach include better communication with the V.A. Hospital which last served the client, so that services can be better coordinated and mutual treatment issues be clarified.

OBSTACLES/ SOLUTIONS CONTINUED-

2) S:

To help alleviate this problem we are meeting with representative social workers from both the Ann Arbor and Battle Creek Hospitals in order to create better relations and facilitate better coordination of services between our agencies. This past quarter has seen these meetings help facilitate faster and higher quality services for our clients.

3) P:

We are still experiencing a need to cross-reference certain transient homeless individuals with other homeless demonstration projects which may have served these clients in the past. This is particularly important for those who may refuse services in one area only to find their way to other CMH's to request services and then exhibit similar behaviors there.

S:

An inclusion on the release of information which a client signs upon entry into the program, which covers exchanging information with other demonstration projects may be helpful, but has not begun to be practiced yet. We continue to explore the possibility of having all Michigan HOP's join a nation-wide computer network service created to serve helpers of the homeless which is called Handsnet. By joining this service, all programs can link via a PC and exchange letters and information effortlessly. We are also working to have our identified site agencies join this network in order that we can locally share information and gather consistent statistics.

4) P:

A new problem we are experiencing is a significant increase in clients referred to us who have an adjunct diagnosis of seizure disorder. Although a medical problem, the consequences of a seizure disorder also affect behavior in a strong way. When a person experiences a seizure, any crisis they may be undergoing becomes immediately escalated. This affects both the client and the care giver.

OBSTACLES/ SOLUTIONS CONTINUED-

4) P:

Care givers in the community are often not comfortable dealing with a person having a seizure, adding to their stress, but they still give a lot of attention to the client, at least initially. Although this attention is warranted, the client and others around them notice that a person undergoing a seizure gets emergency treatment. This quite often leads to the client and/or others faking seizures to get quick attention. In addition, many clients use their "seizure disorder" to sabotage treatment by wielding their "disability" as an excuse to not follow through on things.

Due to the uncomfortableness, the observation of persons faking, and clients using their disability as a crutch, however, some care givers will shy away from clients who they know may have a seizure, creating the potential for a person who is really in need of help not getting a response. Also, persons who are homeless and mentally ill usually are not able to adequately monitor and/or follow through with their medication needs.

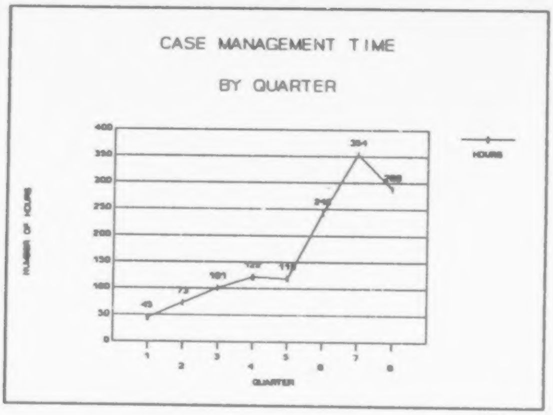
S)

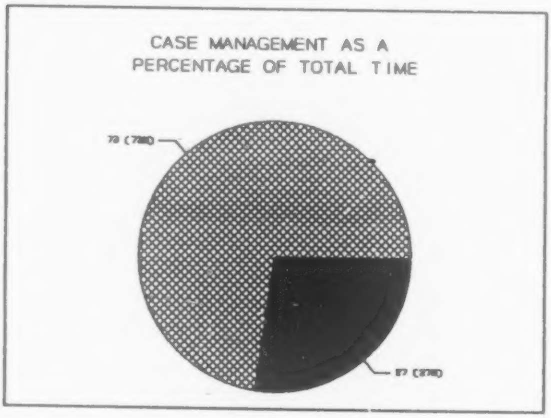
We have become aware that this population is actually falling between the "cracks" in the "cracks". Although clinical staffings have been-held on at least two occasions regarding this type of client, the results have been nil. There has been no agreement on how to treat this type of client and whose responsibility it is to serve them. What is needed is for the CMH Board to address this problem by redefining seizure disorder and creating room in both the case management and the CSDD programs to assume responsibility and to follow through with treatment for this population.

A temporary solution has been to contact the Epilepsy Foundation of Michigan who has agreed to be available to conduct a seminar on assessment and treatment of seizure disorders. They also have a program which will enable homeless clients to have one prescription filled at no charge while awaiting public assistance monies.

As a result of these obstacles, long term outreach activities (meeting with clients for more than ten sessions) totaled 288 hours and comprised 73% of all recorded activities.

SEE ENCLOSED GRAPHS





STAFF TRAINING

The following has occurred in the area of staff training:

1) An in-service training given to Loaves and Fishes, the Red Cross, and Capitol Area Service Center in September. This presentation focused on an overview of mental illness. A follow-up presentation is scheduled in October, and will deal with crisis intervention techniques.

2) A presentation on the housing needs of the homeless mentally ill was given to the East Lansing Ad Hoc Committee on Mental Illness in September.

In addition, the HOP will be giving an overview on the HOP and the special needs of the mentally ill homeless to the AMI/OASIS group in October.

ADVOCACY EFFORTS

Five main advocacy efforts have been made this quarter:

(1) Regular meetings with the Michigan Housing Coalition to keep in touch with what's going on in the area of housing for Ingham County.

(2) Meetings with the Lansing Housing Resource Center to discuss appropriate use of each other's services, and to exchange information.

(3) Three meetings of the Homeless Outreach Council were held with members consisting of representatives of the Rescue Mission, the Red Cross, DSS, SSI, Economic Crisis Center, and the HOP.

(4) Working with the Friendship Medical Clinic to assure quality health care and mental health services for the homeless mentally ill population.

(5) Efforts to establish a local information and referral network to facilitate communication and speedy access to available community resources.

In addition, the HOP will be going to Washington DC in October to speak with both Michigan senators and to march in the rally for housing.

HOUSING SUMMARY

Throughout the last quarter housing developments have focused on continuing to establish and maintain better working relationships with local landlords. Recent efforts to create more housing prospects for the homeless mentally ill in the greater Lansing area have come from the efforts of our CSS Program Director, Mr. Pat St. George. His concern for this client population has lead him to recently attend some conferences and workshops on the housing crisis. He has taken some action by his recent decision which enabled CSS to join the Greater Lansing Housing Coalition, an Edgewood non-profit Housing Corporation.

Besides trying to fulfill goals of advocacy, education, and information facilitation, the Coalition is directly involved in trying to secure state, federal, and private funds to construct and/or rehabilitate housing. Their short-term goal is to actualize efforts in this area over the course of the next year and a half.

Also, the HOP has met with the East Lansing Ad Hoc Committee on Mental Illness. Once again a portion of our discussion was directed toward brain-storming towards possible solutions for the mentally ill homeless. At that time, suggestions were given by the HOP which seemed to be positively accepted. Time will tell, however, there seem to be a genuine interest by this committee and the City of East Lansing to address the housing needs of the mentally ill in a much more constructive and visible manner.

Overall, we feel that our direction is towards long term goals, permanent solutions, and towards community networking. We see our approach to the housing problem as being three-pronged. It starts with the emergency shelters, goes next to transitional housing, and then finally to permanent housing.

In the area of transitional housing, a temporary place for persons to live on their own or with roommates is being utilized by leasing two apartments in a renovated SRO. As this has been successful, the leasing of two more apartments is planned. At these apartments, clients only pay first month's rent and deposit if they qualify for emergency needs at DSS, and begin reimbursement to CMH only when their benefits begin.

In this type of housing, persons are one more step removed from the crisis of having to stay in unstable emergency housing. With clients living here up to a few months, we can begin to work on the daily living skills that many homeless mentally ill persons lack, and which are needed to successfully live in the community. We can also more easily provide the support these persons need while beginning more traditional services and working towards more permanent housing.

HOUSING SUMMARY CONTINUED-

In addition, the Homeless Outreach Program is preparing a pamphlet outlining the services we can offer to both clients and landlords including education, consultation, our regular client services, help with security and damage deposits, a landlord risk-reduction fund which could pay off one months rent if a client should leave without notice, and acting as a liaison between tenant and landlord.

In the interim, the HOP is considering new options which would aim for more community involvement which will augment or replace case management services. The options being explored include church sponsorship of clients, community support groups involving peer counseling, and taking a hard look at what our program can realistically provide for the homeless mentally ill given the limitations in our CMH system.

CLIENT DEMOGRAPHICS

NEW CLIENTS:

NEW REFERRALS TO PROJECT ARE BROKEN DOWN AS FOLLOWS: TOTAL - 51

I.REFERRALS FROM OTHER AGENCIES

HARVEST HOUSE: 15
LOAVES AND FISHES: 6
DAYTIME RESOURCE CENTER: 5
SELF REFERRAL: 2
C.S.S. CASE MANAGEMENT: 2
ECONOMIC CRISIS CENTER: 2
CSS RESIDENTIAL PROGRAM: 2
RETAIL ESTABLISHMENT: 2
FRIENDSHIP MEDICAL CLINIC: 2
OTHER: 2
NIGHT CARE: 2
EMERGENCY SERVICES: 1
COMMUNITY SERV. DEV. DISAB.: 1
CATS PROGRAM (JAIL) : 1
INGHAM CMH BOARD OFFICE: 1
HOSPITAL: 1
VETERANS ADMIN: 1
DIAMONDALE SUBST. ABUSE TX.: 1

CLIENT DEMOGRAPHICS, NEW REFERRALS CONTINUED-

NEW CLIENTS: CONTINUED-

I. REFERRALS FROM OTHER AGENCIES

YWCA: 1

HOTEL/MOTEL: 1

NUMBER OF CLIENTS REFERRED INVOLVING RE-CONTACT WITH THE HOP: 1

BREAKDOWN OF NEW REFERRALS

A. REFERRALS FOR INTAKE: 25

REFERRING AGENCY:

DAYTIME RESOURCE CENTER: 2

LOAVES AND FISHES: 3

SELF REFERRAL: 1

EMERGENCY SERVICES: 1

YWCA: 1

HARVEST HOUSE: 7

HOTEL/MOTEL: 1

CSS CASE MANAGEMENT: 2

DIAMONDALE S.A. TX: 1

HOSPITAL: 1

CSS RESIDENTIAL: 1

FRIENDSHIP MED CLINIC: 2

NIGHT CARE: 1

RETAIL ESTABLISHMENT: 1

CLIENT DEMOGRAPHICS, NEW REFERRALS CONTINUED-

B. CONSULTS TOTAL: 29, ON 26 SEPARATE CLIENTS

AGENCY CONSULTED WITH:

OTHER: 5

HARVEST HOUSE: 4

FRIENDSHIP MED CLINIC: 4

LOAVES AND FISHES: 3

DAYTIME RESOURCE CENTER: 3

NIGHT CARE: 2

COMM. SERV. DEV. DISA.: 1

CATS PROGRAM (JAIL): 1

CSS RESIDENTIAL: 1

VA: 1

RETAIL ESTABLISHMENT: 1

ECONOMIC CRISIS CENTER: 1

CMH BOARD OFFICE: 1

FRIEND OF CLIENT: 1

CLIENT DEMOGRAPHICS, NEW REFERRALS CONTINUED-

C. INTAKES

TOTAL REFERRED FOR INTAKE: 25

REFUSAL OF SERVICE BEFORE INTAKE: 4

TOTAL INTAKES NOT DONE YET: 1

TOTAL ACTUALLY SEEN FOR INTAKE: 20

CASE MANAGED: 21

D. REFUSAL OF SERVICE

TOTAL: 6

2 OF THESE NO LONGER WISHED TO RECEIVE SERVICES FROM THE HOP STATING THEY WOULD RATHER DO THINGS BY THEMSELVES, BUT RECEIVED AT LEAST 10 CONTACTS.

THE OTHER 4 CLIENTS WERE REFERRED TO THE HOP FOR AN INTAKE BUT DID NOT SHOW UP AND WERE UNABLE TO BE LOCATED.

CLIENT DEMOGRAPHICS, NEW REFERRALS CONTINUED-

II. REFERRALS TO CMH PROGRAMS:		# ENTERING PROGRAMS	
TOTAL:	26	14	54%
COMMUNITY SUPPORT SERVICES:	16	6	
EMERGENCY SERVICES:	2	2	
SOUTHLAND COUNSELING:	2	0	
CSDD:	2	2	
NIGHT CARE:	1	1	
ACT PROGRAM:	1	1	
ING ADULT OUTPATIENT:	1	1	
CHARTER HOUSE:	1	1	

As can be seen above, 14 of 26, or 54% of the clients referred to CMH programs began services there. Of those who did not, ten chose not to begin counseling with CMH's traditional case management services, and two chose not to utilize substance abuse services at Southland Counseling.

CLIENT DEMOGRAPHICS, NEW REFERRALS CONTINUED-

III. TIME INVOLVEMENT

Once again keeping in mind the definitions sent in with the first quarterly report:

	#	TOTAL HOURS	AVG MIN	%
CASE MANAGEMENT:	366	288.35	47.27	73
ADVOCACY:	21	34.25	97.86	9
REFERRALS IN:	51	18.50	21.76	5
OUTREACH:	22	19.58	53.41	5
INTAKES:	20	28.50	77.73	*
REFERRALS OUT:	51	14.57	17.50	4
CONSULTS:	29	14.42	29.83	4
FOLLOW UP:	7	7.00	60.00	2

** see next page

HOUSING: (included in OUTREACH & CASE MANAGEMENT)

Emergency:	43	25.50	19.78
Transitional:	14	16.42	70.36
Long Term:	27	22.00	48.89

FACE TO FACE:	190	227.10	71.72	79%
PHONE:	216	59.50	16.53	21%

* included in case management

TIME INVOLVEMENT CONTINUED-

*FOLLOW UP

Average length of follow-up for clients is best represented by dividing the types of referrals into four separate categories.

Type A: Are referred to the HOP, do not follow up and are unable to be located.

Type B: Are case managed for a time, but refuse services later.

Type C: Client is dealt with on a consult basis through another agency.

Type D: Are actively case managed (long-term outreach services by the HOP program therapist.

Type E: Intakes were not conducted yet in this quarter.

CLIENT TYPE	#	AVERAGE FOLLOW-UP
A	5	7 DAYS
B	2	16 DAYS
C	26	15 DAYS
D	38*	62 DAYS
E	0	62 DAYS

* INCLUDES 17 CLIENTS FROM PAST QUARTERS AND THE CLIENT WHOSE FORMAL INTAKE WAS NOT CONDUCTED YET

A NOTE ON LONG-TERM OUTREACH ACTIVITIES

It should be noted that seventeen clients who were referred in the past three quarters were actively case managed during this quarter. These clients are not included in the demographic data.

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                    Homeless Outreach Program
                     Summary of Intake Data
             Report for Period 07/01/89 to 09/30/89

SEX       NUMBER    %   AVG AGE  MARRIED  %     SINGLE    %     DIVORCED %
Female     21     0.41    34        2    0.10   13       0.65    5       0.25
Male       30     0.59    39        3    0.12   14       0.54    9       0.35

Total Number of Clients:                 51

Average age:                             37
Age Unknown                               7
Age Range:                               18   to   81

Number Homeless :                        42        0.82


 Race                  #          %
 White                35        0.69
 Black                14        0.27
 Hispanic              2        0.04
 Oriental              0        0.00
 Nat Amer              0        0.00
 Other                 0        0.00
 Unknown               0        0.00

 Previous CMHB History:                 31               0.61
 Hospitalized last 6 months:            13               0.25

 Why Homeless:
       Unemployment                      0               0.00
       Mental Illness                   20               0.39
       Substance Abuse                   5               0.10
       Eviction                          2               0.06
       Dev. Disabled                     1               0.02
       Jail/Hosp Release                 3               0.06
       Interpersonal Problem            10               0.20
       Transient                         0               0.00

 Problem Finding:
       Income/Amount                     4               0.08
       Income/Source                     8               0.16
       Mental Health Service            24               0.47
       First Payment &Deposit            1               0.02
       Transportation                    4               0.08
       Food                              1               0.02
       Clothing                          5               0.10
       Housing/Emergency                19               0.37
       Housing/Long Term                32               0.63
  Average GAS Scores  Begin:50        End: 60       Percent Change:    0.20
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OTHER DATA

SCL-10

Based on the SCL-10 client self-evaluation form used by the HOP on intakes, here are the responses averaged out per question.

1: 2.81
2: 1.75
3: 1.44
4: 1.56
5: 2.69
6: 1.12
7: 1.06
8: 2.69
9: 2.81
10: 2.94

THESE FIGURES ARE BASED ON THE RESPONSES OF 16 OF THE CLIENTS WHO WENT THROUGH AN INTAKE IN THIS QUARTER.

CLIENT SATISFACTION

Based on the responses of 16 new clients who have been involved with case management activities through the Homeless Outreach Program in this quarter, here are the average scores for each question on the Client Evaluation of Services Form:

1: 2.88
2: 2.88
3: 2.62
4: 3.31
5: 2.75
6: 3.00
7: 2.62
8: 3.06

CHANGE IN PSYCHOLOGICAL SYMPTOMS

As reported on the summary of intake data sheet, of the ten clients able to be assessed in a before-and-after manner in terms of GAS scores, the average beginning score was 50, the average ending score 60, with the average percent of change being 20 percent.

*** PLEASE SEE FORMS AT END OF REPORT ***

CASE STUDIES

CASE #1

An example of a positive case is one in which a female client in her mid-twenties was referred to us from Emergency Services after having been brought there upon release from jail. We were able to find her transitional housing in a room in an SRO which would serve well in the short run.

This woman, diagnosed as having a seizure disorder and as being borderline developmentally disabled, was arrested shortly after we moved her in for having caused an accident by falling into on-coming traffic while riding her bicycle. Although she was released, she was arrested and returned to jail again a few days later, this time on charges of solicitation.

During the next 30 days, numerous attempts were made by the staff of the jail to solicit our assistance in putting up the bond money needed for her release, however this was not appropriate for the HOP to do. A debate ensued as to which program should provide services for this woman, and many people were overheard to make the statement, "she is better off in jail than on the streets."

On the day of her discharge, one of the HOP therapists was contacted at home early on a Sunday morning by the jail, requesting that he provide transportation for the clients' return to Lansing. She was taken back to her room at the SRO and a few days later moved in with a male who also had a seizure disorder and his alcoholic mother. Per her reports, this couple extorted money from her and emotionally and physically abused her.

At about this time her case became fully opened with CSS case management. Fortunately, she was provided with a double-team case management system where she has two case mangers working with her. She recently moved from the abusive situation back into the SRO, and as the HOP therapist nad made arrangements to be her payee, this was transferred to the case manager. On her birthday, they had a small party for her in the office of one of the case managers. She seems to be doing quite well at this time, and the HOP is still working on obtaining long-term housing for her, preferably a one bedroom apartment.

CASE #2

An example of an unsuccessful outreach effort concerned a client we'll call Frank. Frank, a fifty-six year old white male, was referred to the HOP by the Friendship Medical Clinic. He reportedly behaved strangely and expressed an interest in talking with a counselor.

An intake revealed Frank to be an alcoholic with a possible paranoid personality disorder who was very angry about events that had happened to him over the past few years. His main focus was on an incident which had caused him to lose his license to drive in Michigan, along with marking his driving record with Driving Under the Influence. Because of this he was unable to work at his occupation as a truck driver, something he had been doing for twenty five years.

He did not dispute that he was driving drunk but wanted to sue the attorney which had been appointed to him for faulty representation. It seems by his account, that he was held in jail for three months without being able to post bail or given a chance to plead anything. Instead of working with him, his lawyer stated that Frank was not competent to stand trial and recommended that he be hospitalized, which he was at Ypsilanti. While in the hospital, Frank was assigned another lawyer who told him he could get out of the hospital if he pleaded guilty to his prior charge, which he did and was released. Court records supported Frank's story and his hope was that if he could sue his first attorney, he could bargain and get his driving record cleared so he could work again. At fifty-six, it would be difficult for him to find employment with no other training and little education.

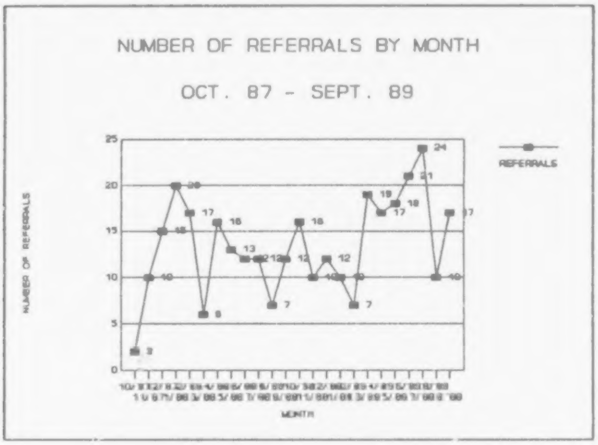
Frank, although not willing to admit it, was also having an alcohol problem, drinking every time he had any money to spend. He was also living out of his car and had little money. Being proud he preferred not to accept any other shelter or to go on public assistance until he could work again. He was interested in finding long-term housing but not having an income made it impossible for him to maintain it once found. Our transitional apartments were full so he remained in his car, knowing we could get him into shelter quickly if he desired.

Legal assistance was sought from Legal Aid who told us they did not accept this kind of a case, but a lawyer friend agreed to lend advice. Unfortunately, we were told that even if he won his case, since he plead guilty, nothing could be done to change his record. Also, if he wanted to pursue his case against his former attorney which looked feasible, it would take a lot of time and money to do so. Frank agreed to work with a job counselor to find alternate employment and was referred to the Urban League but never went for an appointment, even if accompanied by the HOP therapist. Instead Frank chose to go to Texas, his home state, before his Texas driver's license expired.

CASE STUDIES #2 CONTINUED-

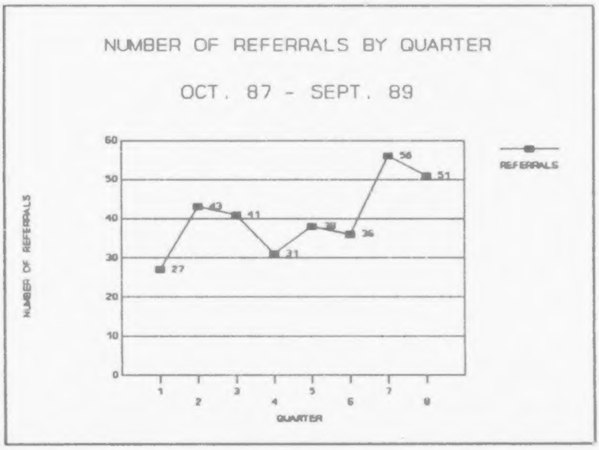
Although he had no relatives there he said he was going to find a friend who worked for the company which had employed him; he felt that he would have a better chance there.

He was to call us on an 800 number when he got there , but never has. We tried the number he gave us but were told by a recording that the number was not in service. We hope he arrived in Texas and is doing better. It was possible for him to have acquired a place to live in Lansing, on assistance, until employment was found, and he may have even gotten help for his alcoholism, but his preoccupation with the injustices the world had done to him (he was convinced the whole legal system was involved in what was happening to him) and his alcoholism kept him from thinking reasonably.



NUMBER OF REFERRALS BY MONTH

OCT. 87 - SEPT. 89



NUMBER OF REFERRALS BY QUARTER

OCT. 87 - SEPT. 89

ALTHOUGH DOWN SLIGHTLY FROM LAST QUARTER, REFERRALS IN THE FOURTH QUARTER WERE WELL ABOVE THE FIRST SIX QUARTERS OF OPERATION.

SCL-10

CLIENT SELF-EVALUATION

Below is a list of problems and complaints that people sometimes have. Read each item carefully, and circle one of the answers that best describes HOW MUCH DISCOMFORT THAT PROBLEM HAS CAUSED YOU DURING THE PAST WEEK INCLUDING TODAY. Do not skip any items. If you change your mind, erase your first answer completely. If you have any questions, please ask the questionnaire administrator.

1. How much were you distressed by feeling lonely?

0	1	2	3	4
Not at all	*A little bit*	*Moderately*	*Quite a bit*	*Extremely*

2. How much were you distressed by feeling no interest in things?

4	3	2	1	0
Extremely	*Quite a bit*	*Moderately*	*A little bit*	*Not at all*

3. How much were you distressed by feeling afraid in open spaces or on the streets?

0	1	2	3	4
Not at all	*A little bit*	*Moderately*	*Quite a bit*	*Extremely*

4. How much were you distressed by feeling weak in part of your body?

0	1	2	3	4
Not at all	*A little bit*	*Moderately*	*Quite a bit*	*Extremely*

5. How much were you distressed by feeling blue?

4	3	2	1	0
Extremely	*Quite a bit*	*Moderately*	*A little bit*	*Not at all*

6. How much were you distressed by heavy feelings in your arms or legs?

4	3	2	1	0
Extremely	*Quite a bit*	*Moderately*	*A little bit*	*Not at all*

7. How much were you distressed by feeling afraid to go out of your house alone?

0	1	2	3	4
Not at all	*A little bit*	*Moderately*	*Quite a bit*	*Extremely*

8. How much were you distressed by feeling tense or keyed up?

4	3	2	1	0
Extremely	*Quite a bit*	*Moderately*	*A little bit*	*Not at all*

9. How much were you distressed by feelings of worthlessness?

4	3	2	1	0
Extremely	*Quite a bit*	*Moderately*	*A little bit*	*Not at all*

10. How much were you distressed by feeling lonely even when you are with people?

0	1	2	3	4
Not at all	*A little bit*	*Moderately*	*Quite a bit*	*Extremely*

Figure 4. The SCL-10 as Presented in the Service Evaluation Questionnaire (see Derogatis, Lipman, & Covi, 1973; and Hoffman & Overall, 1978).

HOMELESS OUTREACH PROGRAM

CLIENT EVALUATION OF SERVICES

PLEASE HELP US IMPROVE OUR PROGRAM BY ANSWERING SOME QUESTIONS ABOUT THE SERVICES YOU HAVE RECEIVED. WE ARE INTERESTED IN YOUR OPINION, WHETHER IT IS POSITIVE OR NEGATIVE. PLEASE ANSWER ALL OF THE QUESTIONS. WE ALSO WELCOME YOUR COMMENTS AND SUGGESTIONS. THANK YOU VERY MUCH, WE REALLY APPRECIATE YOUR HELP.

1. HOW WOULD YOU RATE THE QUALITY OF SERVICE YOU HAVE RECEIVED?

4	3	2	1
EXCELLENT	GOOD	FAIR	POOR

2. DID YOU GET THE KIND OF SERVICE YOU WANTED?

1	2	3	4
NO, DEFINITELY NOT	NO, NOT REALLY	YES, GENERALLY	YES, DEFINITELY

3. TO WHAT EXTENT HAS OUR PROGRAM MET YOUR NEEDS?

4	3	2	1
ALMOST ALL OF MY NEEDS HAVE BEEN MET	MOST OF MY NEEDS HAVE BEEN MET	ONLY A FEW OF MY NEEDS HAVE BEEN MET	NONE OF MY NEEDS HAVE BEEN MET BEEN MET

4. IF A FRIEND WERE IN NEED OF SIMILAR HELP, WOULD YOU RECOMMEND OUR PROGRAM TO HIM OR HER?

1	2	3	4
NO, DEFINITELY NOT	NO, I DONT THINK SO	YES, I THINK SO	YES, DEFINITELY

5. HOW SATISFIED ARE YOU WITH THE AMOUNT OF HELP YOU HAVE RECEIVED?

1	2	3	4
QUITE SATISFIED	SOMEWHAT SATISFIED	MOSTLY SATISFIED	VERY SATISFIED

HOMELESS OUTREACH PROGRAM

CLIENT EVALUATION OF SERVICES

6. HAVE THE SERVICES YOU HAVE RECEIVED HELPED YOU TO DEAL MORE EFFECTIVELY WITH YOUR PROBLEMS?

4	3	2	1
YES, THEY HELPED A GREAT DEAL	YES, THEY HELPED SOMEWHAT	NO, THEY REALLY DIDNT HELP	NO, THEY SEEMED TO MAKE THINGS WORSE

7. IN AN OVERALL, GENERAL SENSE, HOW SATISFIED ARE YOU WITH THE SERVICE YOU HAVE RECEIVED?

4	3	2	1
VERY SATISFIED	MOSTLY SATISFIED	SOMEWHAT SATISFIED	QUITE SATISFIED

8. IF YOU WERE TO SEEK HELP AGAIN, WOULD YOU COME BACK TO OUR PROGRAM?

1	2	3	4
NO, DEFINITELY NOT	NO, I DONT THINK SO	YES, I THINK SO	YES, DEFINITELY

GLOBAL ASSESSMENT SCALE

Rate the client's lowest level of functioning on a hypothetical continuum of mental health-illness. The rating is based on observed and reported functioning for the week prior to the last contact. Rate actual functioning independent of diagnosis or treatment.

100 Superior functioning in a wide range of activities, life's problems never
seem to get out of hand, is sought out by others because of his warmth
91 and integrity. No symptoms.

90 Good functioning in all areas, many interests, socially effective, generally satisfied with life. There may or may not be transient symptoms
81 and "every day" worries that only occasionally get out of hand.

80 No more than slight impairment in functioning, varying degrees of "every
day" worries and problems that sometimes get out of hand. Minimal
71 symptoms may or may not be present.

70 Some mild symptoms (e.g., depressive mood and mild insomnia) OR some
difficulty in several areas of functioning, but generally functioning
pretty well, has some meaningful interpersonal relationships and most
61 untrained people would not consider him "sick".

60 Moderate symptoms OR generally functioning with some difficulty (e.g.,
few friends and flat affect, depressed mood and pathological self-doubt,
51 euphoric mood and pressure of speech, moderately severe antisocial behavior).

50 Any serious symptomatology or impairment in functioning that most clinicians
would thing obviously requires treatment or attention (e.g., suicidal preoccupation or gesture, severe obsessional rituals, frequent anxiety attacks,
serious antisocial behavior, compulsive drinking, mild but definite manic
41 syndrome).

40 Major impairment in several areas, such as work, family relations, judgement,
thinking or mood (e.g., depressed woman avoids friends, neglects family,
unable to do housework), OR some impairment in reality testing or communication (e.g., speech is at times obscure, illogical or irrelevant), or
31 single suicide attempt.

30 Unable to function in almost all areas (e.g., stays in bed all day) OR behavior is considerably influenced by either delusions or hallucinations
OR serious impairment in communication (e.g., sometimes incoherent or
21 unresponsive) or judgment (e.g., acts grossly inappropriately).

20 Needs some supervision to prevent hurting self or others, or to maintain
personal hygiene (e.g., repeated suicide attempts, frequently violent,
manic excitement, smears feces), OR gross impairment in communication
11 (e.g., largely incoherent or mute).

10 Needs constant supervision for several days to prevent hurting self or
others (e.g., requires an intensive care unit with special observation
by staff), makes no attempt to maintain minimal personal hygiene, or
1 serious suicide act with clear intent and expectation of death.

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MACOMB COALITION for EMERGENCY SHELTER

P.O. BOX 856

MT. CLEMENS, MI 48046-0856

MARCH 26, 1990

TO: U.S. Senate Banking, Housing and Urban Affairs Committee

FROM: Pastor Everett V. Parker, Chairperson - Macomb Coalition For Emergency Shelter (MCES)

SUBJECT: Hearing on Housing Michigan's Homeless: Searching for Solutions.

MCES [illegible] in 1984 in response to an increasing awareness of the need to [illegible] homeless individuals and/or families in Macomb County. Its' [illegible] is to provide a means of support for emergency shelter and/or [illegible] for the homeless. Attached is our Mission Statement that [illegible] goals in support of shelter agencies and organizations.

It is estimated that in Macomb County alone 8,500 have no permanent residence; these individuals live in shelters, cars and on the street. The most conservative estimate for Macomb County is 3,000 and others placed the number of homeless at 6,000. Whatever estimate is used, we need to be greatly concerned for these human beings, these men, women and children who are in desperate need of our help. The number of homeless will increase 25% in the next ten years.

Expansion of existing shelters is a necessity to meet the demand for housing in the coming years. We must look beyond temporary and begin to focus upon a long-term solution through transitional and permanent housing for the homeless. Square One has been established in Macomb County to provide transitional housing. Through its' fundraising efforts it has the money necessary for a down payment on a modest building. The search continues for an adequate building and local government support for rezoning of the facility.

The Permanent Housing Factor (PH Factor) is a newly formed organization whose mission is to locate and purchase affordable housing for the homeless. The PH Factor is seeking interest free loans to purchase housing, housing donations and grants for administration and expansion of the program.

67 Cass Ave., Suite No. 615—Mt. Clemens, MI 48043

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MACOMB COALITION for EMERGENCY SHELTER
P.O. BOX 856
MT. CLEMENS, MI 48046-0856

There is much left to do to maintain and expand existing shelters such as MATTS, McRest and Turning Point. Square One and PH Factor are in great need of financial and public (volunteer) support. The religious community is committed to helping the homeless. We need the aid of our local, state and federal governments as well as the business community to continue in these ambitious homeless programs.

We must all work together in helping to alleviate this growing national problem of homelessness. It's not the responsibility of one group, but the coordination and communication of all our efforts, for our homeless to discover the hope they have to end their suffering and their hope for the future.

MCES
MACOMB COALITION for EMERGENCY SHELTER
P.O. BOX 856
MT. CLEMENS, MI 48046-0856

MACOMB COALITION FOR EMERGENCY SHELTER
MISSION STATEMENT

Macomb Coalition for Emergency Shelter has a catalytic mission to make the entire community more responsive to the needs and interests of the homeless.

Macomb Coalition for Emergency Shelter will accomplish this by supporting the programming of agencies and organizations whose said purpose is to shelter the homeless.

It is the hope of Macomb Coalition for Emergency Shelter to:

assess the needs of the homeless and the community

educate the community about homeless issues

develop a plan to meet the needs of the homeless and the community

insure the coordination of services around those needs

advocate on behalf of the homeless

act as a fiduciary body for raising and allocating funds for direct service providers of the homeless

The purpose for which this Coalition is organized is to provide a means of support for emergency shelters and/or support for the homeless of Macomb County.

67 Cass Ave., Suite No. 615—Mt. Clemens, MI 48043

ST. CHRISTINE PARISH 535-7272

22303 Fenkell ● Detroit, Michigan 48223

March 26, 1990

Senate

I am writing on behalf of the homeless and poor of the Brightmoor area. I run a Soup Kitchen serving approximately 250 to 300 adults and children every Tuesday. We also provide clothing and emergency food bags for the people.

I also work with the homeless in this area. We have a group of men ranging from their 20's to 50's who squat in abandoned homes, cars, garages, or just the allies. We also work with finding a refuge for families with children, due to burnt out housing, spousal abuse or child abuse... The need for temporary shelter and long term housing for the homeless in the Brightmoor area is obvious.

Last year and this winter too, I found two homeless men in the abandoned houses with frost bite on their feet because they did not have a warm place to stay. If I would not have found them they said they would have died there. I took them to the hospital where they had to have half of their feet amputated.

Not to long ago a mother with children came to our convent at 9 p.m, she found her house trashed by some one on her return from a friends. She begged us to find her a place to stay because she knew her alcoholic husband was out of jail and was after her. We luckily found a shelter on the east side of Detroit for them.

These are just a few examples of the many homeless I deal with at St. Christine's from the Brightmoor area. This epidemic is becoming so wide spread, as I am sure you know. The Northwest side of Detroit does not have a shelter and housing has much to be desired. The people cannot even afford to pay rent due to lack of substancial jobs with medical benefits. And due to this welfare is oftentimes the better route for many due to the need to take care of the families. Also welfare at times ruins the family bonds due to the need for mothers to receive money only if the bread winner (husband) is out of the house. There are so many diverse reasons for homelessness and poverty so that is why we call on the government to help us to alleviate some of the causes by helping build a better country with better housing, health care, and financial stability for the homeless and poverty victims.

Sincerely,

Sister Mary

Sister Mary Drouillard CSSF
Pastoral Minister/Food Program Coordinator

AFOTH
ACTIVE FRIENDS
OF THE
HOMELESS
1312 Maple, Plymouth, MI 48170
Telephone: (313) 455-7015

March 24, 1990

Donald Riegle, Jr.
United State Senate
Washington, D.C. 20510

Peace and Greetings, Senator Riegle!

As Vice-President of a two-year-old grass roots group, Active Friends of the Homeless (AFOTH), I feel compelled to add to the wirtten testimony of those who attend the Senate Banking, Housing and Urban Affairs Committee hearing that is being held on March 26, 1990 at Mercy College Conference Center in Detroit. As our group attempted to assist in a "hands-on" way to help homeless people, we became very aware of the extensive proportions of the problem. We have networked with many other grass-roots and volunteer groups, yet it seems that in spite of many people's efforts to help with rent, food and clothing for homeless people, the population needing such assistance continues to grow. Each month, between 30-40 of us meet to make plans to do fund raising and to decide how best to use our small treasury to respond to requests that are submitted before us. In attempting to open a Women and Children's Sanctuary, we learned very much about connecting water, electricity and phones; obtaining insurance; bringing buildings up to code and the cost thereof. We have learned how long people in need have to wait before their Aid to Dependent Children or General Assistance checks come after they apply and fill out their papers for such help. We have learned how impossible it is to obtain adequate housing with such monies. Worst of all, we have learned how our area has over 30,000 (conservative estimate) homeless people - many of whom are the "new" poor, women and children and how little money is appropriated for low-income housing development. Yet military spending continues to escalate.

This blight is more than embarassment in a country that espouses "life, liberty and the pursuit of happiness" and boasts of being a "land of opportunity". It is a tragedy.

I sincerely hope that the testimony you will hear and read will make a strong impact on you and our country's lawmakers to make the changes necessary to enable those who are not wealthy to be able to live adequately. Please convey the need to appropriate more money to take care of our people and provide affordable housing to replace the units that have been "developed" as well as to ensure that the rate of affordable housing units increase in proportion to higher-income housing.

I have attached our brochures to give you an idea of our efforts. We are counting on you to make a significant attempt in making the necessary and vital changes in allocating funds relevantly.

Respectfully,

Sister Nancy

Sister Nancy Marie Jamroz, CSSF
Vice-President, AFOTH

TESTIMONY OF
THOMAS D. WATKINS, JR.
Director
Michigan Department of Mental Health

on

THE FEDERAL RESPONSE TO HOMELESSNESS

Presented to:

Senate Banking, Housing and Urban Affairs Committee
The Honorable Donald W. Riegle, Jr., Chair

March 26, 1990

My name is Thomas D. Watkins, Jr., and I am currently Director of the Michigan Department of Mental Health. I appreciate this opportunity to submit testimony on the federal response to homelessness. Nationally, the number of homeless individuals and families is estimated to be between 600,000 and 3 million. The range in these estimates may reflect the "hidden homeless" who live in overcrowded and substandard housing, at risk of homelessness at any moment. Michigan could have as many as 127,000 homeless families, based on the 1990 U.S. Conference of Mayors' Report.

The drastic decline in federal funding for housing programs is responsible for this crisis. Every community in this state, in rural and urban areas, lacks sufficient, decent, affordable housing. This nationwide decline in the availability of low-income housing stock has an even greater impact on the ability of people with mental illness and developmental disabilities to acquire stable housing options and community integration. Many people with disabilities rely on income maintenance programs which have monthly payments well below the poverty line or the earnings of a minimum wage job ($536 for a 40 hour week). With average apartment rents from $300 - $400 a month, even the working poor cannot afford housing.

The passage of the National Affordable housing act, funded at an adequate level, will go far to restore the federal commitment to providing decent homes for all Americans. I am supportive of the new program for supportive housing for persons with disabilities, which is included in this Act. This program would be far more flexible in forms of housing assistance than the current HUD Section 202 program. The variety of housing options which can be funded, and emphasis on individual dwelling units in multifamily, condominium and cooperative housing, will help provide a flexible funding source to help Michigan develop a full range of housing alternatives in the community for people with disabilities. These living arrangements should be decent, affordable, accessible, in scattered sites, and integrated into the community.

The federal funding provided under the McKinney Homeless Assistance Act has helped alleviate some of the more visible tragedies of the housing crisis. Under the McKinney Homeless Assistance Act, the Michigan Department of Mental Health receives funding to provide outreach, case management and supportive services to homeless people who are severely mentally ill. Funding for this portion of the McKinney Act has fluctuated. For FY 87 and 88 (a combined award), Michigan received $1,538,550. For FY 89, Michigan received $267,994. For this fiscal year, Michigan is expected to receive $941,000. This wide fluctuation led the department to develop budgets spanning two years, to ensure continuity of services in each outreach project. Such prudent planning may give the impression of lack of need for the services funded under the block grant. This is not the case; the department's goal has been to ensure stable funding, as the problem of homelessness is not limited to a particular season of the year.

The McKinney Act block grant funding has made a crucial difference to the department's ability to respond to needs of people who are homeless and mentally ill; helping people access and maintain permanent housing; providing training to homeless service providers; working with landlords to ensure availability of housing to chronically mentally ill tenants; providing crisis, short-term and long-term mental health services to homeless mentally ill persons on an outreach basis; and creating linkages with ongoing community mental health services and other services in the community. I support ongoing full and consistent funding for all McKinney Act programs at the authorized level of $634 million.

DONALD W. RIEGLE, JR.
MICHIGAN

COMMITTEES
BANKING, HOUSING, AND URBAN AFFAIRS, Chairman
FINANCE
BUDGET

United States Senate
WASHINGTON, DC 20510

HOUSING MICHIGAN'S HOMELESS: SEARCHING FOR SOLUTIONS

Senate Banking, Housing and Urban Affairs Committee

Chairman Donald W. Riegle, Jr.

Sign In Name: Judith R. Enger

Address: 3100 E. Gordonville Rd., Rt 10
Midland, Mich 48640

Representing: North/West Lower Mich Synod Evangelical Lutheran Church of America

****

I invite you to attach a prepared statement or to submit your written testimony:

My name is Judith Enger and I am currently serving as chairman of a Housing Needs Task force created by the North/West Lower Michigan Synod of the Evangelical Lutheran Church in America. I appreciate the opportunity to testify before this hearing of the Senate Banking, Housing and Urban Affairs Committee.

Our newly formed task force has drafted a resolution which will be presented to our Synod Assembly in May, 1990 for a ratification vote. The resolution reads as follows:

WHEREAS decent, affordable, low-income housing is a right for all people; and

WHEREAS homelessness is undesireable and unacceptable in our society; and

WHEREAS inadequate housing and homelessness are nevertheless increasing at an alarming rate; and

WHEREAS local, state and national governments have not adequately addressed the issue; now therefore

BE IT RESOLVED by the North/West Lower Michigan Synod of the Evangelical Lutheran Church in America (hereinafter the "Synod"):

I. That the Synod initiate, either alone or in concert with other denominations and groups, programs of education, advocacy and action for decent, affordable low-income housing;

II. That the Synod encourage and support its congregations in forming community coalitions to provide decent, affordable housing for low-income people;

III. That the synodical Church in Society Committee see, receive and dispense funds for the purpose of providing decent, affordable housing for low-income people;

IV. That the Housing Needs Task Force established by the synodical Church in Society Committee organize and promote the initiatives envisioned herein.

We do feel that a lack of affordable housing is a significant problem, and hope that the church and other secular groups will begin to deal with the issue. We would support legislation on the federal, state and local levels that would make decent housing available to all people.

Thank you.

Judith R. Enger
3100 E. Gordonville Rd., Rt. 10
Midland, Michigan 48640

26 March, 1990

DONALD W. RIEGLE, JR.
MICHIGAN

COMMITTEES:
BANKING, HOUSING, AND
URBAN AFFAIRS, Chairman
FINANCE
BUDGET

United States Senate
WASHINGTON, DC 20510

HOUSING MICHIGAN'S HOMELESS: SEARCHING FOR SOLUTIONS

Senate Banking, Housing and Urban Affairs Committee

Chairman Donald W. Riegle, Jr.

Sign In Name: Joy Carly

Address: 19590 Broadacres
Mt. Clemens, Mi 48043

Representing: Blessed Hope Church - Center Line, Mi

****

I invite you to attach a prepared statement or to submit your written testimony:

MICHIGAN REGIONAL OFFICES

WAYNE-MONROE
[illegible]
Detroit, MI [illegible]

[illegible]
Traverse City, MI 49685

[illegible]
Marquette, MI 49855

TO: Senate Banking, Housing and Urban Affairs Committee

FROM: Joy A. Cardy
19590 Broadacres
Mt. Clemens, MI 48043
(313)-792-1347; (313)-469-5012 (Work)

SUBJECT: **WRITTEN TESTIMONY FOR COMMITTEE'S HEARING ON HOMELESSNESS**

DATE: March 26, 1990

My name is Joy Cardy, and I am a resident of Clinton Township, Macomb County. I am here today to share my concern for the growing number of homeless in Macomb County and for the shrinking availability of decent and affordable housing for families and individuals. I am particularly concerned about identification of those homeless who are not recognized as such, those who may be able to stay with a friend or relative for a few days and who then must move on again, trying to see that their children are educated even while constantly on the move, trying to lessen the emotional trauma of such an unsettled existence for their children.

Ten years ago, as a single parent, I was suddenly on the brink of homelessness. While exploring all available alternatives, I became greatly discouraged. Thanks to the love and intervention of my sole relative, a retired cousin, and to a few caring friends, I managed to hold on to my small house against all odds.

Two years ago, I brought a family, former neighbors, into my home. A pregnant mother, 14 year old girl, 10 year old boy, one dog, one puppy, 2 hamsters, a bicycle and assorted belongings. All, including the bicycle, had spent the month of September living in a 1976 Chevy station wagon at a campground, not considered among the homeless, not "street people". Temperatures were falling, authorities were questioning the childrens' failure to be enrolled in schools because of a lack of address; "camping" conditions were becoming cramped and far from ideal. For 5 months we explored all options, facing more obstacles daily. Many of the apartment complexes that I had investigated previously no longer accepted minimum wage or ADC families, many wanted $50-$75 to accept an application, security deposit requirements had increased even more, 3 bedroom units, (for families of children of opposite sexes), were even more expensive and in shorter supply, low income housing neighborhoods were even more dangerous to raise a family, with more and more "crack cities".

As a volunteer at Salvation Army M.A.T.T.S., with involvement in MCREST, as an employee of Macomb County Community Services Agency, and as a member of a church, Blessed Hope of Center Line, that shares great concern for homeless issues, I am in almost daily contact with many homeless people who have become homeless for many different reasons, who have various obstacles to rise above, and who are in varied degrees of discouragement and even depression.

I strongly support immediate action to make available any and all resources to provide decent and affordable transitional and permanent housing for Macomb County residents. I ask that policy makers and government officials both strive to provide preventative measures and permanent solutions to all issues of homelessness.

Thank you. Joy A. Cardy

Ann
Arbor
Center
for
Independent
Living,
Inc.

March 26, 1990

Senator Donald W. Riegle, Jr.
United States Senate
Washington, D. C. 20510

Dear Senator Riegle:

The Ann Arbor Center for Independent Living supports Senate Bill 565-66, which proposes a federal response to the important issue of homelessness. The goals of the Legislative Action Plan of the Senate Democratic Task Force on Housing are of merit as they seek to remedy the disintegration of affordable housing which has occurred in our country during the last decade, of which little has been accessible to people with disabilities.

Title V of the Bill would provide housing for "persons with special needs", who are defined as the elderly, the homeless, and people with disabilities, by creating a new office to provide "supportive housing". The concept of supportive housing would include a package of housing with a proposed design to meet special physical needs along with such services as meal services, housekeeping aid, transportation, personal assistance and health-related services, and appears to be aimed at small group or residential "independent living facilities". The Ann Arbor Center for Independent Living would like to see all forms of affordable housing as proposed in other titles of this bill available for people with disabilities, including home ownership and increased affordable rental opportunities. People with disabilities want the same housing options as everyone else--affordable and accessible, individual or shared, with or without special services--**to have the choice of where, how and with whom to live.**

2568 Packard Rd., Ann Arbor, Michigan 48104-6831 · (313) 971-0277 · (TDD) 971-0310

A Washtenaw United Way Participating Agency

It is imperative that any housing options include the provision of funds for modifications of existing housing or designs for new housing to make it accessible to the resident. At present, our local recipients of HUD funds are taking the position that the low-income resident is responsible for the costs of architect's designs and barrier free modifications, stating an "undue financial burden" due to lack of funding provisions by HUD for "reasonable accommodation" needs.

Sincerely,

Janet McLennan
Independent Living
Skills Specialist

TO: Senate Banking, Housing, and Urban Affairs Committee
Donald W. Riegle, Jr., Chairperson

From: Heartlight Center, Community Care,
67138 Shimmel Rd.
Sturgis, MI 49091
(616) 651-2234

RE: National Affordable Housing Act (S. 566)

DATE: March 26, 1990

We come today, representing Heartlight Center, a Spiritual Light Center For Peace and Wholistic Education located outside of Sturgis, in rural, St. Joseph County, Michigan, and the homeless families in our community. Many labor under the misconception that homelessness is only a problem in large cities and metropolitan areas. In St. Joseph County, as is true in many rural areas across the country, homelessness is a big problem, and appears to be increasing. Along with homelessness, come its counterparts of substandard housing, and a very high rental cost, requiring a substantial portion of low-income families' incomes (beyond what even the federal government considers affordable.) Though the problems may appear overwhelming, we recognize the solutions are also within our grasp, once we as a people are committed to finding them. We wish to present to you today both the problems we have encountered and some possible solutions, and offer our support in your work to meet the needs of our homeless citizens.

Out of the desire to ease the pain of the homeless, to help them locate permanent housing, and most importantly, to let them know that they are people of dignity who are cared about, Heartlight Center began a volunteer program called Community Care in November of 1988. Through this program, homeless families are assisted in finding permanent housing, needed furniture and household goods for their new homes, and assistance with budgeting, housekeeping skills, and the preparation of low-cost, nutritious meals. Most of our referrals initially came from the Department of Social Services, but increasingly, we are receiving self-referrals as the program is more known in the community. Other community agencies such as Community Mental Health, the Health Department, the Domestic Assault Shelter, also refer people in need. So far, we have worked with about 400 homeless families and individuals.

Who are the rural homeless? They have many faces and many histories, including evictions, house fires, substandard housing being condemned, unemployment, underemployment, layoffs (especially with the GM Hydromatic plant closing), young people (often pregnant, or with babies), seniors with inadequate income, and on, and on. Regardless of the immediate cause, they are people for whom society has given the message "we have no place for you." They lack so much more than just housing. They lack hope -hope that their situation will change, that there will be a place for them where they and their families can live in dignity at last. We have found them sleeping in cars and on porches, moving in with friends (14 children in one house), in tears, in pain, searching for a way out, searching for a place to call home.

Having a temporary emergency shelter in St. Joseph County is indeed a concern, as it is in most rural areas. Right now, homeless families are put up in single motel rooms by the local DSS, for up to one month during the interim as affordable housing is sought. Very often, single people are sent out of the county as our local DSS is reluctant to deal with the problem in other ways due to the high cost of motel rooms for singles. A temporary shelter would be an answer to the immediate emergency needs. Community Care is in the process of developing a Community Center which will house an emergency shelter, as well as the clothing outlet and workshop (for repairing and distributing furniture, appliances and household items) which are presently operating out of Heartlight Center.

Public housing has attempted to meet the needs of low-income families, but there is far too little available, and often the requirements eliminate families in need. For example, a family was evicted from public housing because her rent was paid on the 5th of the month instead of the 1st. Her DSS check though, didn't arrive until the 5th. Because of requirements that boys and girls can't share bedrooms (though we understand the reasoning), families often need at least 3 bedroom apartments which are very few and far between, and often have 2 or more year waiting lists. Also, some of the public housing requires that the rent amount is not more than 30% of the family income. If the rent is $220, the family income would need to be almost $700 per month, well beyond most of our low-income families. In several instances, siblings that turned 18 have been considered adults and thus evicted from their parents' apartments due to guidelines requiring that only those adults listed on the original lease may inhabit the premises. Public housing managers often advertise openings, and then tell our homeless families that they have lengthy waiting lists, and no openings. Three-bedroom apartments appear to be very limited within our present public housing structures, and we have been told that they are filled internally, by families already living within the projects in 2 bedroom apartments that need 3 bedrooms, when they do open. We have had great difficulty accessing housing through our local public housing resources.

There is often heard the complaint that families become dependent on "the system", creating second, third, and fourth generation "welfare" and "public housing" families. As long as the system fails to afford opportunities for these families to learn new job skills, have affordable day care/child care, and to earn enough additional income to set up independent living arrangements, the cycle is destined to repeat itself. For these reasons, we commend the inclusion in S566, Title VI, Subtitle C, Project Independence, which addresses these issues.

From our experience with 400 homeless families and individuals in the last 16 months, the greatest need is for affordable housing. According to DSS guidelines, a family of 4 is entitled to $180 for a shelter allowance, and $79 for utilities. A family of 6 or more can receive $235 for shelter and $101 for utilities. That family of 4 will need at least 2, and possibly 3 bedrooms (depending on the sex of the children), and the family of 6 or more will need at least 3 or 4 bedrooms. Obviously, what is given is clearly not sufficient to provide appropriate housing. So, what does the family do? They take money which should be buying food, clothing, school supplies, household goods, furniture, much less a car and gasoline to get out and get a job, and this money then subsidizes their housing allowance so that their family has a roof over their heads. With a minimum wage job, the family income would be about $430 per month, which leaves little money for anything but rent and utilities, if that. The Department of Social Services has told families that they know the rates they provide for housing allowances is not sufficient, and that they expect them to use a portion of their personal needs money for their housing. This portion has been anywhere from 30 - 95% of their income.

Unfortunately, the quality of housing available for "affordable rentals" is significantly less than what it should be, increasing the sense of impoverishment, desolation, and inferiority that many low-income families experience. Landlords claim that for the rents they offer, they lack the funds to make repairs and upkeep to maintain a standard of quality which we would expect and hope for. Other funding is unavailable to them to assist with much-needed repairs and renovations. Seldom is a 3 bedroom apartment available for low-income families, leading to inevitable overcrowding in many households, as well.

Our recommendations are as follows:

1. A drastic increase in the number of public housing units available, especially 3 bedroom units.
2. Re-evaluation of existing policies and guidelines for subsidized housing, how it is to be accessed, prioritization for homeless families, flexibility in due dates for rent to accommodate DSS payment schedules, inclusion of siblings who reach majority age (18) while a family is living in public housing, elimination of arbitrariness of public housing management in accepting/rejecting applications for tenancy, etc.
3. Offer incentives to landlords to maintain and renovate properties as needed which are kept available at affordable rents for low-income families.
4. Support through the provision of seed money, for the establishment of Local Housing Trust Funds. These funds can be used for low-interest loans to acquire and rehabilitate housing for the homeless and can be made available to interested groups and individuals.
5. Proceed with Project Independence to assist the homeless in developing the necessary abilities, skills and services to become independent.

It is time we recognize the homeless as honorable citizens and human beings, the same as you and I, and that they deserve to live in dignity and security. We can measure our greatness as a nation and as a people by our dedication and commitment to our founding fathers' ideals that all people have the basic, God-given right to life, liberty, and the pursuit of happiness. In a country with all the blessings and resources we have been given, there is no need for anyone to be homeless or hungry. We can choose to change the course of the tide so that the future is a bright one offering all of our people a life of dignity, of hope, and of joy.

Thank you for your time and consideration!

Virginia Alexander, Arnie Gerstein, Roberta Jackson
Heartlight Center Representatives

L3:16

COMMUNITY
DEVELOPMENT
DEPARTMENT

CITY OF GRAND RAPIDS

March 23, 1990

The Honorable Donald W. Riegle, Jr.
Western Michigan Office
Suite 716, Federal Building
110 Michigan Street, N.W.
Grand Rapids, MI 49503

Re: Pending Housing Legislation

Dear Senator Riegle:

We appreciate the opportunity to comment on pending legislation in the area of affordable housing for low- and moderate-income persons. It is our sincere hope that housing policy issues will be a top priority in Congress this year and will result in legislation which will address the diversity of housing needs across the nation.

The National Affordable Housing Act (S. 566) sponsored by Senators Cranston and D'Amato represents a very impressive and positive step toward meeting the nation's housing needs. The Act would not only deal with such basic issues as preserving the existing subsidized housing stock and supporting homeownership for moderate- and middle-income families, it would also increase the supply of affordable housing through rehabilitation and new construction.

The Administration's Homeownership and Opportunity for People Everywhere (HOPE) Proposal, on the other hand, has a much more narrow vision of the federal government's role in affordable housing. The HOPE Proposal would attempt to serve HUD's needs first, primarily through the sale of public housing units to tenants and the rehabilitation of federally-owned properties such as FHA repossessed houses. As structured, it does not address the need for the creation of new affordable housing units.

The following is a summary of key issues regarding these two housing initiatives:

1) Local Initiative. The National Affordable Housing Act recognizes the value of local initiative and program design in the creation of affordable housing. The authors of this Act clearly understand that programs designed in Washington are not always

300 MONROE AVENUE, N.W., GRAND RAPIDS, MICHIGAN 49503 • (616) 456-3677

responsive and appropriate in addressing the needs of each affected community. The Act would allow communities to locally design and implement programs which meet their needs and also recognizes that these needs vary widely from city to city and region to region. The HOPE Proposal would allow very little local control in the area of program design and would not permit new construction.

2) Funding Allocations to Cities. The National Affordable Housing Act formula allocation would provide a reliable source of funding to cities. Such reliability would allow cities to plan their housing development activities in a comprehensive and coordinated manner, and avoid the haphazard hit or miss planning that is more commonly associated with competitive grants. The competitive grants to localities under the HOPE Proposal would not be conducive to taking a comprehensive program approach to meeting a city's housing needs.

3) Local Match. Although the concept of a local match seems reasonable on the surface, the condition of most municipalities' finances, including Grand Rapids, would make that a very difficult requirement to meet. Although the National Affordable Housing Act requirement is more reasonable than the HOPE Proposal requirement, both place a very heavy burden on localities. We would concur with the National Association of Housing and Redevelopment Officials' (NAHRO) position that the match requirement be eliminated for formula grants under the National Affordable Housing Act, although that requirement could still apply to incentive allocations.

4) Homeownership for Low-Income Families. Both legislative proposals appropriately identify the need to promote homeownership as a part of national housing policy. The National Affordable Housing Act would allow for the replication of programs like Grand Rapids Inner City Christian Federation's Reconstruction for Lease Purchase Program. Recognized by the U. S. Department of HUD in 1988 with a Certificate of National Merit, this program simultaneously addresses the rehabilitation of problem vacant properties and provides homeownership opportunities to low-income families. At the same time, it should be recognized that the primary focus of homeownership efforts should be on moderate-income families and first-time homebuyers. These groups have the potential to provide the volume of home buying needed to reverse the downward trend in national homeownership rates. Mortgage Revenue Bonds and Mortgage Credit Certificates have been shown to be extremely effective in Michigan in meeting the needs of these populations and should be continued.

The HOPE Proposal shows naivete if it is proposing homeownership for the very-low income and for public housing residents as a universal solution. Homeownership for very-low income families is expensive and risky, and may or may not meet the needs of those families. Empowerment of the poor is a noble and worthwhile objective; however, homeownership is not necessarily the first step in that process. A closer look at the HOPE Proposal reveals that HOPE's primary objective is to reduce HUD's housing stock, both public housing and FHA repossessed houses. Cities like Grand Rapids which do not have significant problems with vacant FHA repossessed houses or do not have troubled public housing projects, will not be competitive for HOPE grants. If the true intent is to encourage homeownership, then other troubled properties, such as tax reverted structures, should be eligible for HOPE grants for acquisition and rehabilitation. Homeownership programs should be funded directly rather than through a convoluted system of converting public housing to owner housing, then replacing the lost public housing with vouchers.

5) Housing Production. The National Affordable Housing Act is clearly superior in that it would provide funding for the expansion of the affordable housing stock, which has been virtually at a standstill since the early 1980s. Where appropriate, communities could build new rental units to house its very low income families. The HOPE Proposal, however, is primarily interested in the conversion of rental stock to owner-occupied housing. As Barry Zigas of the National Low Income Housing Coalition has stated regarding the lack of new housing for low-income tenants, "If you're not interested in homeownership, the Bush administration is not interested in you."

6) Funding for Proven Programs. The HOPE Proposal would seem to be sacrificing proven, effective programs such as Rental Rehabilitation and Mortgage Revenue Bonds in order to fund new initiatives. The experimental aspects of the HOPE Proposal, namely the Housing Opportunity Zones and the Enterprise Zones, would not appear to be funded with new money. One must question a strategy that eliminates basic housing programs which serve the entire nation for narrowly focused programs which would only serve 50 - 100 neighborhoods across the nation.

In summary, we would hope that Congress could come to a consensus on the future of federal housing programs this year. While there is much room for compromise between the Cranston-D'Amato bill and the President's HOPE Proposal, the Cranston-D'Amato bill is a far superior piece of legislation. This would appear to be the result of incorporating a comprehensive approach to federal housing policy based on the expertise of numerous housing professionals.

Thank you again for your willingness to receive our comments on pending housing legislation in the U. S. Congress. We look forward to continuing our working relationship through the authorization, funding, and implementation stages. If you have any questions or comments on this letter, please contact me at (616) 456-3135.

Sincerely,

Victor Vasquez

Victor Vasquez, Director
Community Development
City of Grand Rapids

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TESTIMONY

Paul L. Hubbard, President
New Detroit, Inc.

"Housing Michigan's Homeless: Searching for Solutions" Hearing
10:00 a.m., Monday, March 26, 1990
Mercy College Conference Center

This past week, census workers canvassed homeless shelters, peeked in boxcars, doorways and shanties to count the homeless people in America. Certainly we need to quantify the problem. However, regardless of the number of homeless, there is little chance of improving their situation without significant changes in public policy, especially at the federal level.

The homeless have risen to the top of the public agenda: however, too often only with a shrug of despair as to how to cope.

The homeless like any disenfranchised group have little chance to be heard, to propose solutions to their plight.

They, of course, are not a homogeneous group. A portion are substance abusers or mentally ill--conditions surely aggravated by their homeless situation. A growing number are one and two parent families who have suffered the misfortunes of lost jobs, burned out dwelling, rift with landlord, or perhaps were denied welfare. Others are abused spouses and their frightened children.

Such persons even when working live a precarious paycheck to paycheck life, often never quite catching up. Does that mean that they are unable to manage for themselves? No, most assuredly no.

The homeless are people in crisis. In seeking help they encounter a system in disarray and in crisis. Understaffed and underfunded social services agencies--the legacy of neglect of the last administration--cannot provide timely and humane treatment. The homeless often need a variety of services--food, shelter, clothing, medical care--but encounter a fragmented system. The dually diagnosed, who comprise a small but significant portion of the homeless, must negotiate with four separate agencies to obtain care.

The federal government can and must play a large role in not only helping to alleviate the problems of homelessness, but also in preventing.

The New Detroit Human Services Committee has made the following recommendations to the Congress:

1. Congress must appropriate sufficient money to repair and rehabilitate existing public housing units for low-income persons, both those in projects and scattered site housing.

2. Congress must legislate that replacement public housing be in place before there is any demolition of existing housing. Money must be forthcoming to do so.

3. Congress must appropriate sufficient money to build new housing on a scattered site basis for low income families to meet the needs of the homeless. This can be in concert with local neighborhood groups and neighborhood development coalitions, helping them develop co-op housing, etc.

4. Congress must fund more non-profit organizations to develop and administer transitional housing as a link between temporary shelters and permanent housing. Transitional housing should include social services, such as family counseling, as well as job training, home maintenance skill training, help in locating employment, money management, and an opportunity to accumulate security deposits while working in order to obtain permanent housing. The transitional housing is designed to be available for 18 months. People who need such an opportunity (it should be offered in small and different homes) include the mentally disabled, detoxified substance abusers, families, abused spouses and children, teenagers who have been prostitutes, teenagers who have been abandoned by their families, etc. (The Wayne County Department of Social Services is preparing a comprehensive list.) This recommendation should also include transitional housing for women with children (families) who are substance abusers. Drug treatment should be provided without separating the family. More programs similar to Grateful House and HUGS are needed.

5. Congress should provide an avenue for the building trades unions to be a part of building new housing and rehabilitating housing.

6. The housing certificate system needs to be changed so that these offer permanent housing, rather than time-limited housing.

7. The federal government via Congress needs to appropriate money for child care services in shelters, transitional housing, and for working parents once they find housing.

In addition to these, we ask you: tell us what works. Provide information on successful housing efforts for the homeless and poor. The federal government is involved to some extent in all such projects and is in the best position to publish the case histories to prevent us from "reinventing the wheel" and lead us to projects that work.

One specific action Congress can take now is to support the Human Services Reauthorization Act of 1990.

Included in that act is the reauthorization of the Low-Income Home Energy Assistance Program at a higher level than proposed by the administration. The LIHEAP block grant to this state has been reduced from $114 million in 1985 to $76.6 million in 1990, a 33% reduction. As a result, the state has been forced to cut back the cap on energy assistance from $650 for gas to $260 per household. This has put an intolerable burden on the poor. Many of these dwell in substandard porous homes. There are often seriously ill individuals who live in these homes, such as the elderly poor, or very young children. These homes must be kept heated throughout the day.

We have heard and seen stories of how the reduced assistance to the poor have led to shutoff of energy and even death. Michigan Consolidated Gas Company estimates that there are about 1,000 families without gas service. Others put the estimate as high as 3,000. One of those families had their gas shut off last spring. When MichCon attempted to turn the gas back on, however, it could not get access. It was only after fire destroyed the home, resulting in the death of two children, that it was discovered that the family had used kerosene heaters and the gas range. Perhaps the family should have allowed MichCon service people in. But the story is about the desperation and fear in which families live--the fear of not having heat during the winter months.

Some will say the poor will always resort to these actions. We are hearing that the situation is worse than it's ever been. Records from the Michigan Department of Social Services reveal that of those on vendored billing for gas, 24,967 exceeded the cap. That is about 22% of those on positive (or vendored) billing. When a person exceeds the cap, any excess is taken as a percentage from personal needs. DSS no longer will pay for arrearage.

If you do not approve the reauthorization of LIHEAP at the recommended level of $2.15 billion, but at the President's proposed level of $2 billion, this state stands to lose another $20 million in LIHEAP dollars. This would, we believe, result in even greater homelessness.

In summary, I suggest that the federal agencies as well as the offices of elected officials become "user friendly" to use a computer term. Let's drop the adversarial approach which causes needless delays fueled on suspicion and bureaucratic arrogance.

Homeless people usually have many problems. But it is amazing how many of them are solved by a roof--a permanent home--to shelter them. Empowered by a home and an income they snap back from depression. Better yet, let's prevent further homelessness by supporting an increase in the LIHEAP block grant to the states.

In our country, people are not expendable.

LEE A. EARL
Chairman and President

CHARLENE JOHNSON
Executive Director

REACH, Inc.
1840 Midland
Detroit, MI 48238 · (313) 868-2569

March 25, 1990

Donald W. Riegle, Jr.
US Senator, Michigan
1850 McNamara Federal Bldg.
477 Michigan Ave.
Detroit, MI 48226

Dear Senator Riegle:

Thank you for informing me of Senate Banking, Housing and Urban Affairs Committee meeting that you will be holding on Monday, March 26, at Mercy College. I am convinced that input from the people who deal with the homeless on a professional level is paramount in order to formulate proper legislative mechanisms.

As you may recall, REACH Inc. is a nonprofit who takes a comprehensive approach to the revitalization of our urban neighborhood. The distribution of food, low-cost day care, and rehabilitation of abandoned houses are just a few of the many programs that we have found necessary in order to improve the quality of life in the Pilgrim Village community.

We have designed and are negotiating a new program that deals exclusively with the homeless, and I believe that you will find it of great interest in your search for successful responses to this increasing American crisis.

The program is called the Gladstone Transitional Housing Project, named after a formerly abandoned and dilapidated housing structure on Gladstone Avenue in the New Center area of Detroit. The Gladstone property is a six-unit row house which we propose to rehabilitate by using 3% MSHDA construction and permanent financing money. The property will then act as transitional housing on a perennial basis with the debt service paid for by the MDSS emergency housing shelter allowance.

What makes the Gladstone Project unique is that it is administered by a nonprofit community development corporation who by its very definition is not profit motivated. Emergency shelter payments are still made by MDSS at current levels.

However, instead of a private, for-profit hotel pocketing the proceeds, REACH will hire a full-time, individual case-management worker, provide transportation to and from our social service centers, provide homeownership counseling, employability skills training, placement services, child care, food, and substance abuse counseling to the clients; all in an attempt to educate and support the clients so that they may maintain themselves in today's sometimes high pressure society.

Additionally, the $30,000 a year which will be left over after we provide the aforementioned services, will be invested into the production of permanent housing for the transitional housing clients through our Abandoned Housing Acquisition, Rehabilitation & Resale or Rent Program. For your interest, I have enclosed a pro forma to show the income-expense breakdown.

What do you get when the State of Michigan or the Federal Government pay a hotel to provide transitional housing services at the current $45 a day?

- o An emergency shelter.

What do you get when the State of Michigan or the Federal Government pay a nonprofit like REACH to provide transitional housing services at the same $45 a day?

- o An emergency shelter.
- o A formerly dilapidated and hazardous building becomes rehabilitated and utilized (jobs are created).
- o A full-time social worker to care for the clients.
- o Transportation for the clients to the many social service centers of REACH, Inc. (i.e., food, day-care, pastoral, senior citizens, youth, etc.).
- o Homeownership counseling to the clients.
- o A steady income for acquisition, rehab and provision of permanent housing for the clients.

I am delighted that you have allowed me this opportunity to share my model for the homeless with you. Although the model is still under negotiation with MSHDA and MDSS, I feel that it can be duplicated by using federal dollars, even if we do not come to an agreement with the State of Michigan on our particular project.

If I have aroused any questions or interest, please do not hesitate to call me (313) 868-2659.

Sincerely,

Charlene Johnson

Charlene Johnson

DONALD W. RIEGLE, JR.
MICHIGAN

COMMITTEES
BANKING, HOUSING AND URBAN AFFAIRS, Chairman
FINANCE
BUDGET

United States Senate
WASHINGTON, DC 20510

HOUSING MICHIGAN'S HOMELESS: SEARCHING FOR SOLUTIONS

Senate Banking, Housing and Urban Affairs Committee

Chairman Donald W. Riegle, Jr.

Sign In Name: HAROld DAVIS

Address: 2075 BootmAKer LANE
BloomField Hills Mi. 48013 313-338-4838 (H) 313-335-2584 (W)

Representing: PONtiAC AREA TRANSitiONAl HOUSINg (PATH)

****

I invite you to attach a prepared statement or to submit your written testimony: ① I am a XEROX Corparation employee and have been granted a leave of absence for 9-months in order to work in the PATH project. PATH is a transitional housing program serving women with Dependants, and Single Women who are homeless, We sincerely feel that PATH will offer a new direction for these homeless persons.

Our program will allow our Clients to remain in our facility for up to 24 months. While at PATH these homeless persons will engage in many self improvement projects i.e. interviewing skills improvement, Continue pursuit of H.S. Diploma or Associate Degrees. etc.

MICHIGAN REGIONAL OFFICES

WAYNE MONROE
1850 McNamara Federal Bldg
477 Michigan Ave
Detroit MI 48226

SOUTHEASTERN
Century Center Bldg, 3rd Floor
30800 Van Dyke
Warren MI 48093

EASTERN
Sabiru Bldg, Suite 910
352 S. Saginaw Street
Flint MI 48502

CENTRAL
700 Washington Square Bldg
109 W. Michigan Ave
Lansing MI 48933

WESTERN
Suite 716 Federal Bldg
110 Michigan Ave. N.W.
Grand Rapids MI 49503

NORTHERN LOWER
309 Front Street
Traverse City MI 49685

UPPER PENINSULA
Room 323 P.O. Bldg
200 W. Washington
Marquette MI 49855

Additionally we will provide professional Day Care for the dependents of our residents.

Transportation will be provided for those women who are employed.

Not only will we provide a clean, Safe, Wholesome living environment during their stay at PATH, we will also provide a mentoring program which will provide an ongoing support system after our residents have "graduated" from the PATH program.

It is my hope that more people will get involved by the giving of their time and talent and not sit back and wait for Government or someone else to do something. We are the ones who must act and we must act now.

Sincerely Submitted,

Harold Davis

DETROIT AREA AGENCY ON AGING

1100 Michigan Building
220 Bagley Avenue
Detroit, Michigan 48226
(313) 222-5330

Shelton Tappes
Chairman
Paul Bridgewater
Executive Director

"HOUSING MICHIGAN HOMELESS:
SEARCHING FOR A SOLUTION"
TESTIMONY TO THE U. S. SENATE
BANKING, HOUSING AND
URBAN AFFAIRS COMMITTEE
MARCH 26, 1990

In 1988, we at the Detroit Area Agency on Aging were proud to cooperate in a contract arrangement with Dr. Richard Douglas of Eastern Michigan University. Dr. Douglas' report to us, entitled "Aged, Adrift and Alone: "Detroit Elderly Homeless"is a major study describing the overwhelming needs of Detroit's elderly homeless population. Submitted with this testimony is a copy of the entire report; however, for insertion into the record, I would like to cite the following recommendations from the report which we feel clearly relate to your hearing today:

1. It is recommended for at least immediate relief from the acute risks of homelessness and sub-minimal housing status that an aggressive subsidized housing program be initiated immediately. Such housing should be designated for the very poor elderly and should include in-residence supervision, social and health services, and on-site nutrition programs.
2. It is recommended that aftercare services for both released mental patients and prisoners be developed to assist these people with the development of social, interpersonal and other skills that will enable them to re-enter the world that they left behind.
3. It is recommended that special crime prevention units be developed by the Detroit Police Department, in association with the other crime prevention activities of the Department, and that these specialized units identify risk factors associated with poverty and violent crimes against the elderly homeless while designing methods of reducing the problem.
4. Existing health care for the homeless in Detroit should be expanded to more adequately accommodate the specific priority medical needs.
5. Boarding houses, a private entrepreneurial service to hundreds, perhaps thousands of very poor elderly persons in Detroit, are largely undocumented, unregulated, uninspected and unconrolled.

Detroit ▲ Highland Park ▲ Hamtramck ▲ Harper Woods
Grosse Pointe ▲ Grosse Pointe Farms ▲ Grosse Pointe Park ▲ Grosse Pointe Shores ▲ Grosse Pointe Woods

6. In that the majority of the residents of these business establishments are very poor, elderly and frequently in poor mental or physical health, the appropriateness of these environments for a population at risk should be a priority topic of debate by City of Detroit, Wayne County and State of Michigan leaders.

7. The traditional role of alcoholism is an important feature of the elderly homeless in Detroit. The adequacy of outreach, referral, inpatient and outpatient substance abuse treatment services, including detoxification services, for his population should be reviewed.

8. The nature of the homeless elderly and the duration of their homelessness over the annual cycle should be investigated to understand how and when to provide intervention and prevention services to this population.

9. Comprehensive health status, including substantial laboratory, physical examination, mental health examinations and medical history should be conducted to provide a basis for the expansion of health care services for the elderly homeless.

10. Comprehensive "follow-back" studies should be conducted with elderly homeless people to identify sentinel events that contributed or precipitated their homelessness.

11. The acceptability of alternative services, housing and shelter arrangements and other proposals to help the elderly homeless should be considered and measured with primary data from the potential recipients themselves.*

On the basis of this report, a state Task Force on the Homeless Elderly was established to recommend further action. I am sure Ms. Olivia Maynard of the Michigan Office of Services to the Aging will supply you with additional information.

If you are interested in further data and explanations, please contact Dr. Douglas of Eastern Michigan University at (313) 487-0460 or our office at (313) 222-5330.

Paul Bridgewater, Executive Director
Detroit Area Agency on Aging

---

* From Aged, Adrift and Alone: Detroit's Elderly Homeless; Dr. Richard Douglas and Associates, Eastern Michigan University; October, 1988.

DONALD W. RIEGLE, JR.
MICHIGAN

COMMITTEES
BANKING, HOUSING, AND URBAN AFFAIRS, Chairman
FINANCE
BUDGET

United States Senate
WASHINGTON, DC 20510

HOUSING MICHIGAN'S HOMELESS: SEARCHING FOR SOLUTIONS

Senate Banking, Housing and Urban Affairs Committee

Chairman Donald W. Riegle, Jr.

Sign In Name: CAROl J. BORDEAUX Ross

Address: 525 Grover Rd
Muskegon - Mi.

Representing: Mortgage Review committiee - CHAIR.

** 7

I invite you to attach a prepared statement or to submit your written testimony:

MICHIGAN REGIONAL OFFICES

WAYNE MONROE
1850 McNamara Federal Bldg
477 Michigan Ave
Detroit, MI 48226

SOUTHEASTERN
Century Center Bldg, 3d Floor
30800 Van Dyke
Warren, MI 48093

EASTERN
[illegible] Bldg, Suite 910
352 S. Saginaw Street
Flint, MI 48502

CENTRAL
700 Washington Square Bldg
109 W. Michigan Ave
Lansing, MI 48933

WESTERN
Suite 716 Federal Bldg
110 Michigan Ave., N.W.
Grand Rapids, MI 49503

NORTHERN LOWER
309 Front Street
Traverse City, MI 49685

UPPER PENINSULA
Room 323, P.O. Bldg
200 W. Washington
Marquette, MI 49855

5

Senator Donald Riegle

Dear Senator Riegle:

This letter is to state my concerns regarding Act S.566.

Title # Sec. 202 - No. 2 to read-not to exceed the lessor of (8,000). The reason being that some areas do have homes of this price range that meet code requirements, and being low in price makes home more affordable to low income-FHA stadards should also be equal to city or township area codes.

Sec. 103 - No. 1 Saving Down Payment - From my experience I find that the down payment is important if you're referring to saving 20% down so as the mortgage will not be an insured mortgage. And this may be the case for those with incomes exceeding $27,000 yearly. However, low-income families have alternative low-down insured mortgages available. However, the interest rate places their ratio with the inability to purchase. If the government were to subsidize the difference between 4% and the going mortgage rate, then a person who through their income only being able to afford a $12,000 home could really afford a home of $25,000 at the same monthly payment. Farmers Home Administration has a similar program; however, inner-city is not available under this program. One must buy rural housing. Also, the home income limit is not what I would see as being low-income. A man working at $7 an hour may qualify for a $19,000 home at 9¼% interest; however, if he had a supplement above 4%, he could purchase a home up to $30,000. More people could qualify for a home at 4%, and this comes under No. 5 of Sec. 103. Supportive housing - these homes should also be in areas with people's needs in mind: Near hospitals, on bus lines, near colleges or training centers, etc. in or near areas of business and job opportunities.

Sec. 106 - No. 2 - Shall insure underwriting standards as not to expose undue risk of default. In this I see a problem of rejection of loans due to fixed income. This brings veterans on disability and parents with children on ADC as being a risk factor due to the fact that government checks cannot be sued. So in the past, those on government incomes have been denied loans. These people should be protected from loan denial through Civil Rights; however, with wording as you have jsut used in SEC. 106, I can see further abuse.

Sec. 106 No. 1 - The mortgage may be accepted if the mortgager certifies that they understand the obligation. Once again, I believe in the use of videos, braille, and inforcement of interpretors; then if a person is unable to read, he will be sure to have been instructed.

Sec. 521
Subtitle C - (d-1) - FORMS OF ASSISTANCE
Does this come under individual housing, or does this pertain to only rental complexes? (this section shall bear no interest and its repayment shall not be required.)
I will submit more ideas at a later date. Thank you for the opportunity to submit my concerns.

Sincerely,

Carol J. Bordeaux Ross

Carol J. Bordeaux Ross

Court Street Village, Inc.

1318 WEST COURT STREET FLINT, MICHIGAN 48503

"A new kind of living"

March 21, 1990

United States Senate
Washington, D.C. 20510
Donald W. Riegle, Jr.
Michigan

Dear Senator Riegle,

Thank you for the opportunity to submit my written testimony offering my perspective in regards to housing and the homeless!

Middle class Americans are one of the major reasons for our housing problems. They don't mean to be. They don't want to worsen a situation that is a growing nightmare. But you see...insufficient housing production for the middle class is driving them into competition with the poor for lower quality housing.

The impact of what was occuring to the low income came to my attention in 1984. The Reagan Administration reduced the Section 8 (low-income) housing program by 45 percent starting in 1981. Also, all new housing for the elderly was curtailed, except for Section 202. Overall, reduction in subsidized housing for the poor and elderly was cut 60 percent.

The Reagan Administration reduced assistance to two federal programs in 1982. Further reductions were propelled into the '90's with Urban Development Action Grants (UDAG) phased out.

The housing finance system has been dismantled leaving most home builders and home buyers and renters entirely subject to the swings of the private market.Such actions were not only misguided...but dangerous! This country is paying a heavy price in both dollars and human misery for such outright hostility to our attempts to provide housing needs for those who most deserve it!

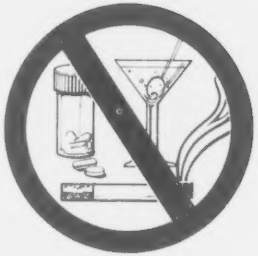
Court Street Village Non-Profit Housing Corporation,which I am President of, is currently building 150 units of low income elderly housing in Flint. We are using the low income housing tax credits allocated through MSHDA, one of the few remaining tax shelter investment programs left,to motivate investors as equity partners. These equity partners are usually big corporations that bounce in and out of our lives. Finally the squeeze is on! The very life then, is sucked out of groups like our non-profit organization who are trying so very much to help.

What would meet our central needs as a non-profit housing corporation? Being able to obtain 100 percent financing provided by our State and Federal government!

Sincerely,

Doris Sain

Doris Sain, President



- For Further Information Contact:

Department Social Services
Project Program Coordinator
VA Medical Center
Battle Creek, MI 49016
(616) 966-5600 Ext. 4099
FTS 974-4404

Department of
Veterans Affairs

VA FORM 103 B C NOV 1989

Veterans Administration

Medical Center
Battle Creek, Michigan 49016

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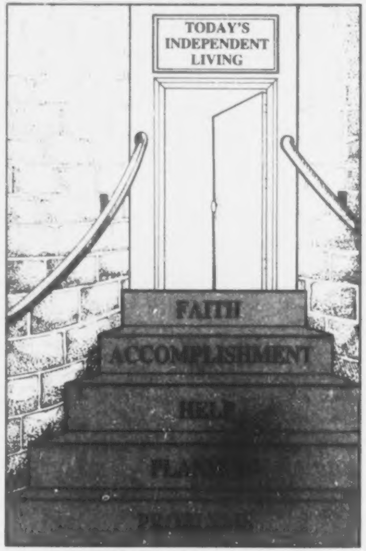
VETERANS ADMINISTRATION
VA-601

TRANSITIONAL LIVING PROGRAM



STAIRWAY TO SUCCESS

VA Medical Center
Battle Creek, MI 49016
(616) 966-5600

General Description

The Transitional Living Program utilizes services and resources from the public sectors to assist homeless clients achieve optimal independent living situations. Clients accepted into the program are housed and treated in a community based halfway house setting.

A primary goal is to provide a safe living environment to assure that basic needs are met for food, clothing, and shelter for 90 days until a more permanent living arrangement can be obtained.

Criteria for Admission

Applicants:

- Must be homeless
- Have an emotional illness
- May be Dual-Diagnosis
- Must acknowledge having problems with community living
- Must express a willingness to participate in active groups and therapy
- Must be medically stable, not actively suicidal or assaultive
- Must be **drug** and **alchohol free** for at least 21 days prior to entering the program.

Procedure for Admission

Prospective clients can be referred by Battle Creek Veterans Affairs Medical Center staff, or any established community agency. The referral process begins by contacting the Program Coordinator after which a screening process will take place. Preference is given to veterans but we will accept some appropriate non-veterans on a bed availability basis.

Living Arrangements

Residents will be housed two (2) per room at the *Hart Motor Inn, Battle Creek, Michigan. The rooms are fully rent certified and refurbished. If the resident has funds, the cost per month is $270.00 which includes breakfast and evening meals. Those on D.S.S. receive the same services, plus Food Stamps to help defray their costs of a noon meal. All residents have access to their own recreational area, a washer and dryer, and a security system.

Program Requirements

Each morning from 9:30 a.m. to 10:30 a.m. a general meeting open to the public on five steps to successful community living is held. Following this meeting small closed groups are held for residents to set goals for the day and appropriate recognition for goal accomplishments. Afternoons, evenings, and weekends are free for residents to pursue appropriate independent living goals and leisure time activities.

Community Based Program

The Transitional Living Program is assisted by an Advisory Board representing key social and community leaders from the following Battle Creek organizations:

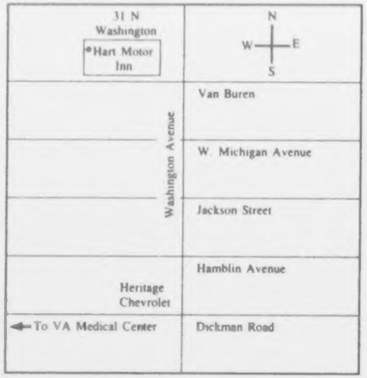
- B.C. Homeless Coalition
- Community Action Agency
- Department of Social Services
- Battle Creek Police Department
- The Battle Creek VA Medical Center
- Hart Motor Inn
- Community Mental Health Department

This makes our project a true community based and cooperative joint venture with the Battle Creek VA Medical Center.

All interested people and service providers are encouraged to attend our general meetings on Successful Community Living from 9:30 a.m.-10:30 a.m., Monday through Friday.

Steps to Successful Community Living

- Admit you have a problem
- Develop a plan
- A willingness to reach out for **HELP**
- Celebrate accomplishments and abilities
- Believe in yourself and others



*Hart Motor Inn
31 North Washington
Battle Creek, MI 49017
(616) 962-1908

Gary B. Eby
M.S.W., C.S.W.
Medical Social Work Consultant

March 24, 1990

Senator Donald W. Riegle, Jr.
United States Senate
Washington, D.C. 20510

Dear Senator Riegle:

I know the homeless well. I've walked with them on the streets of Kalamazoo, Battle Creek and Lansing. I've talked with them in the drop-in centers, in the missions, in the shelters, in the hospitals, in the welfare hotels, in the jails, and, yes, by the railroad tracks and under our city's bridges. I've seen drunkeness, drug craziness, mental illness, emotional illness, terminal illness, mental retardation, poverty, despair, anger, violence and crime. I've laughed with them and I've cried with them. I know the homeless well because I am the coordinator for the V.A.'s Transitional Living Program and a member of Battle Creek's Homeless Coalition.

Here's what I've learned:

- The homeless don't face their problems directly. They haven't learned how to handle their emotions and they have difficulty overcoming social, economic, political and environmental obstacles.

- They don't know how to plan or think ahead. Their greatest struggle is to get through the day by meeting basic human and minimum human needs.

- The homeless distrust everybody, particularly professional people. They won't reach out to others for help because they don't want to reveal personal weakness. The homeless have a strong sense of pride.

- They also have a poor self concept and no self confidence. They basically feel worthless and won't acknowledge a sense of goodness within themselves.

- Their most difficult obstacle to overcome is a lack of a useful belief system. They don't believe in themselves, other people, or understand the practical application of a Higher Power.

390 Danforth • Coopersville, MI 49404 • (616) 837-9831

Gary B. Eby
M.S.W., C.S.W.
Medical Social Work Consultant

March 24, 1990
Senator Donald W. Riegle, Jr.
Page Two

Therefore, I recommend:

- All the money in the world invested into housing programs won't change the homeless problem!
- Affordable housing is, of course, necessary, but money and resources must be invested in social rehabilitation programs.
- Social rehabilitation must involve a coordinated team approach to combat emotional illness, chemical dependency, unemployment, illiteracy, poor health care and spiritual despondency.
- We've had some measure of success with our Transitional Living Program designed to offer a five step recovery approach: Admit you have a problem; Develop a plan; Reach out to others; Celebrate accomplishments and abilities; Believe in yourself, others and a Higher Power.
- Homelessness is a state of mind as well as a terrible reality for many of our citizens. Some can be helped and some can't. Programs must be developed to rehabilitate as well as take care of those who fail to realize their potential as human beings.

Respectfully,

Gary B Eby MSW

Gary B. Eby

390 Danforth • Coopersville, MI 49404 • (616) 837-9831

Honorable Donald W. Riegle Jr;

As a Veteran who has served his country honorably I am concerned about rapidly declining Veterans benefits

At the present time we have millions of aging Veterans whom are in need of Health Care Beinfits

I am concerned about rapidly decling Veterans benifits. I urge you to vote for an increase or at the least prevent futher cuts in V.A. funding,

Also we need to have additional personal to process V.A. claims, waiting up to six months causes hardships on alot Veterans and in some cases Irrevolkable physically & emotional damage

Thanking you for your time in reading this letter

Sincerely

Patrick W. Riste

Patrick W Riste
31N WASHINGTON
Battle Creek Michigan
49017

WRITTEN TESTIMONY

Submitted to

U. S. SENATOR DON RIEGLE

ON

"HOUSING MICHIGAN'S HOMELESS: SEARCHING FOR SOLUTIONS"

Submitted by:
Hamilton Family Health Center
4001 North Saginaw Street
Flint, MI 48505
at Mercy College Conference Center
March 26, 1990

Homelessness is an issue that still plaques our state as well as our nation. Even though efforts have been made to reduce or to eliminate this problem, it continues to spread at an increasing rate.

As staff members of a community health center, we are quite aware of the existing problems of the homeless. Community health centers have as their mission the delivery of comprehensive primary care services to the medically underserved regardless of race, color, creed, sex, or the ability to pay. Among the underserved, are the homeless. Many are not even eligible for governmental or state entitlement program. Many of these persons do not know where to go for health care much less to determine or identify how they will pay for the health care they receive. The Hamilton Family Health Center, located in Flint, Michigan has established and administered a federally funded homeless program since 1988. This program has served and continues to serve those homeless persons in need of health care. As stated earlier, our program began in 1988 and since the beginning, there has been a steady increase in the number of homeless people seen. For instance, we have seen in 1988, a total number of 892 homeless persons, in 1989, 1291 homeless persons and we project for 1990, a higher number of 1368.

It is estimated that as many as 3 million Americans are homeless on a nation-wide basis, and many of them are children. We tend to agree based on 1989 statistics, out of 1291 homeless person, 313 were children and 46 were adolescents. Our youth has been affected by homelessness and our future children will be confronted by the harsh realities of homelessness if legislation does not act upon this serious issue.

In regards to housing, in 1989, out of 1291 homeless clients, there were 861 homeless person found in either shelters or off the streets. Most of these individuals, who were found temporarily living in shelters, were stricken with lack of affordable housing, condemned housing and intolerable, crowded living conditions. Living under these conditions or in these types of situations, eventually leads to deteriorating health or additional health problems.

In addition, loss of employment and factory closings is devastating to a growing number of families in the Flint area. We, at Hamilton Family Health Center, are seeing an escalating number of individuals who have not only lost their homes but also their access to health care.

Too many lives have been affected with this social problem and it is up to federal legislation to advocate for more available funds, for not only housing but for health care as well. Due to a short fall in health care for the homeless funding created by an decreased appropriated budget, which fell short of operating levels in previous years, 17 out of 109 homeless health care projects received 3 months funding for phasing out project operations. Hamilton Family Health Center is one project being considered for phase-out and we are highly concerned about these homeless projects being jeopardized as well as other programs.

Homeless Programs such as: mental health services, substance abuse treatment, emergency shelters, health care and housing assistance and prevention, that are funded by the McKinney Act, need strong advocacy. With constant strong support and enhanced funding availability, homeless programs, including our health care project, can serve this special population at large and continue to do so.

Even though we are a non-profit organization, we are mandated by the federal government to collect and reduce our dependency on federal funding. However, the homeless population is depending on us and we need your legislative help and assistance in order to serve the homeless.

the sanctuary, inc.

... helping the homeless & runaway youth

Written Testimony presented to the
U.S. Senate Banking, Housing & Urban Affairs Committee hearing on
"Housing Michigan's Homeless: Searching for Solutions"
sponsored by Senator Donald W. Riegle
March 26, 1990

The forgotten, the invisible homeless, are our youth. There is no testimony today being presented on homeless young people. In Michigan it is estimated that 10,000 young people become homeless every year. These are not runaways, children of homeless families, or youth that leave home on a whim. They are young people that have been kicked out of their homes at or near the age of majority. They escape from abuse, neglect, incest and are no longer children, able to seek help through Child Protective Services. They are children or young adults lost between parents abdicating responsibility for them. They are disenfranchised youth, with limited resources.

The average age, today, for financial independence from parents is 27. Children need more time to establish themselves separate from their families due to the high costs of housing, and the low pay scales for entry level positions. In Oakland county, the average one bedroom apartment is $446 per month. If twenty-five percent of our income should be devoted to housing, as financial experts advise, a young person would need to earn $12/hour to afford an average apartment. That is the reason so many youth prematurely forced out of their homes become homeless, turn to prostitution, dealing drugs, and other criminal acts. It is a means of survival.

My name is Meri K. Pohutsky, and I am the President of the Board of Directors of the **Michigan Network of Runaway, Homeless and Youth Services**, as well as the Executive Director of The Sanctuary, Inc. in Royal Oak, Michigan. The Sanctuary administers two shelters for young people with related professional support services. One shelter serves runaways and homeless ages 10 through 17, and the other homeless youth, 17 through 20 years old. We receive 300 requests for help through the homeless youth program, and are able to serve only 25 young people each year. Michigan's runaway and homeless youth programs serve 1,700 of the 10,000 estimated homeless youths every year...not nearly enough. The programs are limited by inadequate funding.

Runaway and homeless youth programs achieve incredible successes with young people that are homeless. Our programs truly help the homeless youth to become more self-sufficient, prevent homelessness as a lifestyle, and prevent long-term dependency on social services. **The cost savings in welfare, corrections and law enforcement expenditures are incalculable.**

Outlined on the attached page are some recommendations for solutions, for your consideration. I thank you for your attention to this critical national problem.

Meri K. Pohutsky
Meri K. Pohutsky

A United Way Service

A Step Forward Transitional Living Program
1228 S. Washington
Royal Oak, MI 48067-1240
(313) 399-9795
24 Hours

The Sanctuary Runaway Shelter
1222 S. Washington
Royal Oak, MI 48067-1240
(313) 547-2260
24 Hours

Administrative Office
1232 S. Washington
Royal Oak, MI 48067-1240
(313) 399-9772
9:00 am - 5:00 pm

the sanctuary, inc.
... helping the homeless & runaway youth

Page Two - Written Testimony from Meri K. Pohutsky

Possible Solutions for Homeless Youth

1. Under the federal Stewart McKinney Act, Michigan receives $151,662 for education of homeless children and youth. This money is to assure that homeless youth in Michigan have access to public education. However for the past two years none of these monies have helped homeless children, but rather have been used for administration. Since many of the youth who come to Michigan runaway and homeless programs are denied access to public schools because they are homeless or temporarily homeless, the Children's Agenda in Michigan is **recommending that this money be spent to contract with programs to provide in-house educational components.** We also advocate for **full funding of the McKinney Act**, to assure that there will be money to adequately fund these programs.

2. Michigan runaway programs, among other agencies, have seen an increase over the past five years in the numbers of youth who are truly homeless. These youth for a variety of reasons have no home to return to or come from such severely dysfunctional homes that they cannot return home.

For the past three years, the state has funded six demonstration grants that provide shelter, training and counseling to these young people. The six programs were funded as demonstration grants and have helped hundreds of homeless youth find homes, gainful employment and learn the skills they need to be productive adults who do not depend on public assistance. Fiscal year 1990/91 marks the fourth year as demonstration programming, with no increase in funding expected. They have overwhelmingly demonstrated the need!

The Childrens' Agenda is recommending that homeless youth programs be expanded from 6 to 15 at an average cost of $150,000. Much of the funding can be obtained through Michigan's portion of the Moynihan Stark monies. **We urge full funding of the Moynihan Stark Act.**

3. The Runaway and Homeless Youth Act (RHYA) programs have continued to expand services to help meet the increasing needs of vulnerable youth and their families. However, federal support for existing programs has not kept pace with the need, forcing agencies to turn young people away from services. **The National Network of Runaway and Youth Services urges you to support a $50 million appropriate for shelter, hotline, and other services defined in RHYA.**

4. The Transitional Living Grant Program is designed to provide residential and other services to homeless youth "to promote a transition to self-sufficient living and to prevent long-term dependency on social services." It is a needed extension of the runaway programs, serving those youth who can not be reunited with their families and have no safe place to live. **The National Network of Runaway and Youth Services urge you to support a $25 million appropriation for this vital program.**

I understand that "throwing money at a problem" doesn't solve that problem. However, the funding requests suggested above, are minimal compared with the cost savings that would be reaped. The runaway and homeless youth programs, represented by the funding requests above have well documented sucess rates. They truly care about our nation's future through our young people. These programs have a positive impact on youth and their families. Runaway and homeless youth programs CAN be a significant part of the solution to homelessness.

State of Michigan
Department of
Management and Budget

James J. Blanchard
Governor
Shelby P. Solomon
Director

Michigan Women's Commission

611 W. Ottawa Street
P.O. Box 30026
Lansing, Michigan 48909
517/373-2884

March 26, 1990

RE: Homelessness Hearing
Senate Banking, Housing and Urban Affairs Committee

Dear Senator Riegle and Committee Members:

The Michigan Women's Commission appreciates the opportunity to express our concerns related to homelessness.

The Michigan Women's Commission was established by the Michigan legislature in 1968 and consists of 15 members broadly representative of all fields of interest to women and four ex officio voting members representing the Departments of Social Services, Civil Service, Education and Labor. Legislative mandated duties of the Commission include: the duty to stimulate and encourage thoughout the state the study and review of the status of women and the duty to strengthen home life by directing attention to critical problems confronting women as wives, mothers, homemakers and workers.

For the past year, the Home and Community Standing Committee of the Commission has been looking at the problem of homelessness as it relates to women. As we have spoken to providers, advocates, community leaders and the homeless themselves, it is clear that single women and their children are a growing population of homeless people. Nationally, according to the 1989 U.S. Conference of Mayors' Report, 36% of the homeless are families with children.

Why is this happening? We see homelessness as an economic issue. People do not have enough money to afford decent housing. Whether a woman works at a minimum wage job with no benefits or receives assistance, she has difficulty covering her shelter costs. In Michigan, the cost of housing is so high that only 30% of all AFDC cases and 27% of all General Assistance cases in 1990 receive enough in their shelter allowance to cover their shelter expenses.

Nationally, single parents pay 58% of their income in rent and 11 million low income families pay over 35% of thier income for rent.

Women have more difficulty securing loans and home ownership. Increasingly, women and their children are becoming homeless because they:

1) Have become evicted due to lack of income,
2) Have been forced out of shelter because of substance abuse and crime in the household or building.

The Women's Commission supports the goals of the National Affordable Housing Act to expand the investment in affordable housing; expand state, local and private housing support; preserve the low-income housing stock; and encourage home ownership.

We urge the Committee to also support the development and funding of transitional living arrangements. Women and children need more than a 15-30 day stay in a shelter in order to move on with their lives. They have been in an emergency. They now need supportive services such as counseling, substance abuse treatment, job training, child care, transportation, etc., in a transitional housing site in order to be adequately prepared to maintain a house and function effectively.

Currently, funding for transitional housing is part of the McKinney Act in a nationwide competitive grant program. In Michigan, only a few transitional housing programs received competitive funding. This is not an effective comprehensive way to address this problem.

In closing, the Michigan Women's Commission urges the Committee to consider the special needs of women and children as they begin action on this important housing and homelessness legislation. Because women are increasingly becoming the head of households at the same time as they are becoming more economically disadvantaged, women are more at risk of losing their homes and becoming homeless. We are grateful for your leadership on these issues.

Thank you.

Sincerely,

Marilyn Kosmowski

Marilyn Kosmowski, Chair
Home and Community Standing Committee
Michigan Women's Commission

MT. NEBO CATHEDRAL

18403 RYAN - DETROIT, MI 48234

BISHOP DELEE
PASTOR
EXECUTIVE DIRECTOR

MT. NEBO RESOURCE CENTER
AGENCY
(313) 893-5848

SUPPORT THE HOMELESS & SENIOR CITIZENS

1990

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Emporium Printing Service - 869-1414

Mt. Nebo Resource Center
(NON-PROFIT ORGANIZATION)
18403 Ryan Rd. • Detroit, Michigan 48234
(313) - 893-2260
867-0620

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Samuel Cummings
Guy Chapman
Bonnie Lee Austin
Henry Stallings
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Asst. Director
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Services
Emergency and Permanent
  Housing
Educational Opportunities
Counseling
Low Income
  Home Repairs
Day Care Services
Low Income
  Medical and Dental
  Assistance
Services for youth
  Summer Camp Program

Volunteers

Consultant
J. Lynch & Associates

April 21, 1989

In the city of Detroit I am more than aware of the hunger and homeless problem because I deal with it on a day to day basis. Statistics estimate that approximately 31,000 to 35,000 Michigan residents-- the vast majority of them in the Detroit area--will find themselves homeless in 1989-1990 for varying lengths of time.

More than 30% of them (over 10,000 of the homeless) are families with children and the numbers are escalating according to state and local authorities, shelter providers and support groups. This figure does not include the statistics for battered wives and their children living in shelters for battered wives.

Homeless people are stero-typed into groups of being either lazy or crazy or both, but that's not generally true. The majority of homeless families are not very different from any other working people. Most working families in this city are only three (3) paychecks and a bad illness away from a homeless situation.

Government officials and shelter providers agree that the reasons for homelessness people have become so complex that no one single description is generally valid. The majority do not fit the image of hobos, "bag ladies" or transients who live on the streets or roam from shelter to shelter. The homeless people all tell similar stories about their circumstances. They talk about lost jobs, broken families, disputes with landlords and overcrowded living conditions with family and friends; some tell of the devastation and toll taken on their lives because of drugs and alcohol abuse. Whatever their reasoning, at some point all of them have been displaced.

In closing, I want it understood that one of my main concerns is to try to make a difference within the community. I feel that feeding and sheltering the homeless is fine, but their problems go beyond that. We as a whole need to help them become motivated and independent individuals.

CRISIS HOTLINE - NOTARY PUBLIC

DONALD W. RIEGLE, JR.
MICHIGAN

COMMITTEES
BANKING, HOUSING, AND
URBAN AFFAIRS, Chairman
FINANCE
BUDGET

United States Senate
WASHINGTON, DC 20510

HOUSING MICHIGAN'S HOMELESS: SEARCHING FOR SOLUTIONS

Senate Banking, Housing and Urban Affairs Committee

Chairman Donald W. Riegle, Jr.

Sign In Name: Carol Rees

Address: 1602 Granger
Ann Arbor, MI 48104

Representing: State Alliance for the Mentally Ill of Michigan

****

I invite you to attach a prepared statement or to submit your written testimony:

I strongly believe we should have received an invitation to speak at this hearing. 1/3 of the homeless are mentally ill, and we are the advocacy organization for the seriously mentally ill. This group of people has two burdens to overcome: homelessness and mental illness.

MICHIGAN REGIONAL OFFICES

WAYNE MONROE
1850 McNamara Federal Bldg
477 Michigan Ave
Detroit, MI 48226

SOUTHEASTERN
Century Center Bldg, 3d Floor
30800 Van Dyke
Warren, MI 48093

EASTERN
Sahuri Bldg, Suite 910
352 S. Saginaw Street
Flint, MI 48502

CENTRAL
700 Washington Square Bldg
109 W. Michigan Ave
Lansing, MI 48933

WESTERN
Suite 716 Federal Bldg
110 Michigan Ave., N.W.
Grand Rapids, MI 49503

NORTHERN LOWER
309 Front Street
Traverse City, MI 49685

UPPER PENINSULA
Room 323, P.O. Bldg
200 W. Washington
Marquette, MI 49855

STATE ALLIANCE FOR THE MENTALLY ILL OF MICHIGAN
Suite 103 • 24133 Northwestern Highway • Southfield, Michigan 48075 • 313/355-0010

President:
Carol Rees
Vice President:
John Dorris
Corresponding Secretary:
Carol Yehl
Recording Secretary:
Hope Cummins
Treasurer:
Peggy Spitzig
Community Relations
Coordinator:
Rev. Robert R. Hartigan, S.J.

ALGER-MARQUETTE COUNTIES
Family Support AMI
AuSABLE COUNTY
AuSable Valley AMI
BAY, MIDLAND,
SAGINAW COUNTIES
Tri-County AMI
CHARLEVOIX, CHEBOYGAN,
EMMETT, OTSEGO COUNTIES
AMI of Northern
Lower Michigan
CLINTON, EATON,
INGRAM COUNTIES
AMI of Greater Lansing,
OASIS Fellowship, Inc
CAMH
COPPER COUNTRY
Copper Country AMI
GENESEE COUNTY
AMI of Genesee County
Family Support, Inc
GLADWIN COUNTY
Gladwin AMI
GRAND TRAVERSE,
LEELANAU COUNTIES
AMI of Grand Traverse
and Leelanau Counties
ISABELLA-CLARE COUNTIES
AMI of Isabella-Clare
JACKSON COUNTY
AMI of Jackson County
KALAMAZOO COUNTY
AMI SHARE
KENT COUNTY
SHARE
LAPEER COUNTY
AMI of Lapeer County
LENAWEE COUNTY
AMI of Lenawee County
LIVINGSTON COUNTY
AMI of Livingston County
MACOMB COUNTY
PACE
MECOSTA COUNTY
AMI of Mecosta County
MENOMINEE COUNTY
AMI Alpha Chapter
MONROE COUNTY
Monroe AMI
MONTCALM COUNTY
AMI of Montcalm County
MUSKEGON COUNTY
AMI-Muskegon SHAIR
OAKLAND COUNTY
AMI of Michigan
Oakland County
OCEANA COUNTY
AMI of Oceana County
OTTAWA/ALLEGAN COUNTIES
AMI Support Group
SANILAC COUNTY
AMI of Sanilac County
SHIWASSEE COUNTY
Shiawassee Family
and Friends AMI
ST. CLAIR COUNTY
AMI of St. Clair County
TUSCOLA COUNTY
AMI of Tuscola
WASHTENAW COUNTY
AMI of Washtenaw County
WAYNE COUNTY
AMI Dearborn
AMI Downriver
AMI Downtown Detroit
AMI Eastside
AMI Suburban West

March 26, 1990

The Honorable Donald W. Riegle, Jr.
U.S. Senate
Washington, D.C. 20510

Dear Senator Riegle:

Thank you for inviting me to attend the hearing on homelessness and to submit written testimony. Membership of the Alliance for the Mentally Ill, with 45 chapters in Michigan, is primarily relatives of persons with serious mental illness. Many of our mentally ill relatives have at some time been homeless or in jail. This tragic situation is usually the result of inadequate medical and rehabilitative care in the community. We are very concerned about this tragedy affecting persons who are seriously ill and unable to advocate for themselves.

National studies, as well as some studies done in Ann Arbor and other places in Michigan, show that the number of seriously mentally ill persons living in shelters is about 30%. Even using very conservative numbers for the homeless, this comes to double the number of patients now in state psychiatric hospitals.

We have been spectacularly successful in emptying the state hospitals in Michigan; the number of patients has dropped from around 19,000 in 1960 to only 3,000 today. But there is no adequate plan for the failures of deinstitutionalization; for those who live in shelters for the homeless, or are in jail or prison, or who live in situations no well person would tolerate.

It is ironic that policy makers who so strongly believe it is right to move people out of large state institutions are so complacent about the fact that very large numbers of mentally ill person live in jails, prisons, and shelters - large institutions all, and surely less humane than a state hospital or large residential facility.

Mental health agencies charged with community care for persons with mental illness have not been willing or able to set up appropriate long term housing for mentally ill persons. In fact, Community Mental Health Centers in Michigan are prohibited by law from buying or constructing housing for their clients.

This is what is needed:

· Affiliated with The National Alliance for The Mentally Ill ·

1. A recognition that there is no "quick fix" yet for serious mental illness. Plans, including plans for appropriate housing, need to be made for the long haul.

2. Services such as rehabilitation centers and assistance with group living may be just as important as buildings to enable mentally ill persons to remain stable, productive members of the community. Housing such as that provided for senior citizens would be a good model to follow.

3. We should consider the fact that it may well be more costly, both in human terms and in tax dollars, to continue the present policy of benign neglect. Safe, stable residential facilities for mentally ill people can be operated at a small fraction of the cost of hospital care, and can prevent much unnecessary and costly institutional care in hospitals, jails, and prisons.

We recently surveyed our membership to find what they believe is needed for housing for persons with mental illness. A summary of this survey is enclosed for your information. It shows that 38% of the clients/consumers live with relatives, mostly parents. The average parent is in his or her sixties; we all worry that our mentally ill son or daughter will become homeless when we are no longer here to care for them.

THank you for your efforts on behalf of the homeless. We are especially grateful for efforts to help persons who are doubly burdened by mental illness and homelessness; this describes a great many of our family members.

Sincerely,

Carol Rees

Carol Rees, President
State AMI of Michigan

SURVEY OF HOUSING NEEDS, STATE AMI OF MICHIGAN

Because an earlier survey (1988) had singled out housing as the major unmet need for persons who are mentally ill, members of the State Alliance for the Mentally Ill were asked in the fall of 1989 to describe the kind of housing they felt was most appropriate for their relative (or self) with mental illness. 263 responses were received from relatives of persons with mental illness (218) or from persons who were themselves mentally ill (45).

Those who responded to the housing survey appear to be a reasonably representative sample, based on where the client or consumer was living or had lived prior to hospitalization. 30% lived in a licensed home or room and board home; 31% lived independently with or without support services from Community Mental Health, and 38% lived with relatives. 49 persons (19%) were in a psychiatric hospital at the time. Except for the large number hospitalized, the distribution is similar to that in a national survey done by the National Institute of Mental Health in 1988. (The NIMH reported that only 3%-4% of seriously mentally ill persons were hospitalized.) The source of income for 87% was Supplemental Security Income (SSI) or Social Security Disability Income (SSDI).

Interestingly, where people now live and where they felt would be most appropriate to live were very different. Only ten persons out of 263 (4%) selected living with relatives as most appropriate, whereas over a third (38%) actually lived with a relative. 65% felt that support services from Community Mental Health were needed, but only 35% actually received CMH services at their residence or were living in a licensed home. An exception was the residents of Fairweather Lodges; all respondents whose relative lived in a lodge (3) stated that this was the best living situation.

Although the survey addressed housing needs, most persons focused on the assistance and human companionship that are necessary for successful community living rather than on physical structures alone. More than half selected the following areas as needing assistance or supervision: meals (52%), medications (56%), transportation (53%), social contacts (67%), and money management (62%). They described the kind of assistance needed:

> A 24 hour staffed rooming facility, providing private bedrooms with a common kitchen, lounge facilities, in a safe neighborhood, on or near the bus line. Services provided (on site) should include medication supervision, meal preparation, laundry, housekeeping.
>
> Group home which allows for individual freedom and work, with medical supervision.
>
> Independent living with daily supervision, especially social contacts.
>
> A community type situation similar to that provided for old people....

In addition to checking categories provided on the survey form, over half of those responding volunteered their own description of suitable community living. Many said that friendship and mutual support is needed:

> An affordable apartment where others live he could meet, since living alone is lonely.
>
> Big house with many bedrooms and social activities and support from people in the house. Being one big family.
>
> A decent place to live and be proud of. A place where a priest or minister can have a place to gather them to talk, study the Bible together for those who want it. A

> place to have holiday dinners with them all singing and fun times. A place to laugh and have fun.
>
> My son needs to be with people near his age.... Social contacts are hard for him. He is lonely.

In addition to friendship, many added that useful activities and employment are important:

> Close to public transportation, close to schools, stores, recreational places. Homes with something besides just TV.
>
> Low income housing with pets allowed.
>
> Not alone! Not foster care! Not institutional! We'd like to see her tried in a home-like atmosphere, responsible for keeping it (and cooking) with others in her situation and of her intelligence with proper supervision.
>
> A library would be beneficial.
>
> Group home with more activities, shopping, day trips. Similar to homes for retarded citizens...
>
> Apartment that has social workers around the clock and recreational facilities in the building. Located near shopping.

Safety, privacy, and a choice of where to live were also important. For many, safety is most important: "A safe, clean neighborhood, not just with street people, yet not isolated either." Others mentioned privacy: "I believe my brother needs to live with someone who cares about him, but where he can have his own space and privacy." One just said, "Pleasant surroundings."

Safety, people who care, human companionship, meaning to life. All are important to people, not just for those who are mentally ill. Responses to the survey made it clear that when these important characteristics are lacking, housing needs are unmet regardless of how adequate the building itself may be.

3/15/90
C. Rees

SUMMARY OF RESPONSES TO STATE AMI OF MICHIGAN HOUSING SURVEY, 3/15/90

1. Relationship of client/consumer:

Son or daughter	203	Spouse	3
Granddaughter	1	Parent	3
Sibling	8	Self	45
		TOTAL	263

2. Age of client/consumer: 17 to 90; average in 30's.

3. Residence: Responses received from 34 different counties.

4. DMH/CMH psychiatrist: 175

5. Private psychiatrist: 57

6. Now in hospital: 49 Length: 1 week to 25 years

7. Where is the client/consumer now living?

Independent:	61
Supported independent living:	17
With relatives:	100
Licensed home:	72
Room & board:	7
Fairweather Lodge:	3
Forensic Center:	1
Homeless:	1

8. Is client/consumer satisfied? 140 yes 108 no

9. Is responder satisfied? 86 yes 117 no

10. Is suitable housing available? 76 yes 119 no

11. Can the consumer afford it? 56 yes 126 no

12. Main source of income:

SSI/SSD	230
Family	46
Job	16

15. Supervision needed when family is away? 62 yes

16. Access to a car? 97 yes

17. Kind of supervision/assistance needed:

All	50	Personal care	63
House/yard	72	Social/recr.	175
Medications	147	Transportation	140
Meals	137	Substance abuse	32
Money management	164		

18. Where does client/consumer live?

Detroit	24	50,000-100,000	42
Suburban Detroit	92	Under 50,000	40
100,000-500,000	41	Rural	21

19. Most appropriate living arrangement?

Independent	37	Independent with ACT	3
Shared with others	22	Supervised apt. (24 hr.)	6
Supported independent	68	Supervised group home	89
With relatives	10	Fairweather Lodge	4
State hospital	2		

Responses to the question about appropriate living arrangements made it clear that persons who responded did not separate housing from the kind of community and services that accompany the housing; they see these as inseparable. While a number specified "a safe location" or pointed to the need for affordable housing, the great majority described supervision, activities, or companionship rather than the house or apartment itself.

GRATIOT EMERGENCY HOUSING CORPORATION

TO U.S. SENATE BANKING, HOUSING AND URBAN AFFAIRS COMMITTEE

TESTIMONY: HOUSING MICHIGAN'S HOMELESS: SEARCHING FOR SOLUTIONS

MARCH 26, 1990

Dear Chairman Donald W. Riegle, Jr.,

I am Shirley Bechill from Alma, Michigan and Treasurer of the Gratiot Emergency Housing Corporation which expresses appreciation for being recognized for our 20 years of service in Gratiot County and the opportunity to speak at this hearing of the experiences of our people facing homelessness and emergencies related to housing.

Late in the 1960's a group of Gratiot County citizens responded to the Poor People's Campaign by attempting to raise consciousness in this rural county of 40,000 population about its own poverty problems. Those statistics have not gone down. The 1980 census indicates that 9.6 per cent of our families and 29.6 per cent of unrelated individuals live below the poverty level. I have no doubt that the 1990 census will bring even higher rates. Our County Department of Social Services reports they have two to three times the number of Emergency Service cases than any previous year. Sixty-four per cent of their ADC families and seventy per cent of their General Assistance single persons don't get enough in their grants to cover their actual housing costs.

The need for emergency housing became evident as a result of a fire that displaced several low-income families in 1969 and the Gratiot Emergency Housing Corporation was founded. The first project was to get an Emergency House available for those temporarily homeless. This was done in cooperation with the Salvation Army, community volunteers, funds from the County Commission and community donations, time and materials donated from area businesses and some labor provided by volunteers and in cooperation with a county work program. Our mission continues to be to help persons within Gratiot County in emergency situations involving housing with financial aid limited to $150, advocacy, referral, counselling, and information. This assistance shall be provided when it is determined that existing agencies, family or friends cannot fully provide the needed funds. Whenever appropriate we secure a repayment agreement and refunds from rent and utility deposits. People are referred to us by agencies or friends and we are listed in the Human Services directory in the front of the phone book. Our major work is done by phone. Our focus can change as the unmet needs change in relation to any type of emergency situation in regard to housing. We work cooperatively with city and county offices, most human services agencies, realtors, landlords, utility and fuel companies, churches, banks and private citizens. In 1982 we became a United Way Agency and our volunteer board provides ALL services as there is NO paid staff. Up to now about 92 per cent of all our money goes directly for emergency needs.

In 1976 when the Salvation Army took over the Emergency House Program we began to provide funds for rent, security deposits, and fuel assistance. In 1983 we administered our first Grant from FEMA of $5,000 which serviced 27 families in 3 months; in 1985 a FEMA Grant of $2,500 serviced 14 families, and in 1986 a $4,000 Grant serviced 19 families. In 1987 we were one of the few rural programs that got funds from HANDS ACROSS AMERICA and we serviced 39 families with the $5,000 Grant in 5 months. Our Corporation has grown in its service from 2 families in 1976 to 90 in 1987. If we had the funds we could be servicing many more this year because so many other agencies have run out of funds. By December 1989 the DSS emergency shelter funds administered by Eight-Cap for this year were completely used and by mid-March funds for all other programs were exhausted with no expectation of additional monies before the next fiscal year. The Consumers Power state-wide Bill Credit Program of $193,000 was gone by March 23. The FEMA Grant for Gratiot County is less this year and is going fast. The waiting lists for public and subsidized housing are longer and longer. More housing units are being condemned because landlords are not keeping them up to standard, yet there is little evidence that additional affordable housing is becoming available or being planned. In March alone Gratiot Emergency Housing Corporation had 50 calls for help and gave out almost $2,600 to 18 families. Three families that called us for help in March due to condemned housing are still looking for available as well as affordable housing. The employment opportunity is lower than we've ever seen and more and more people are reaching the end of their resources after being out of work for up to 3 years.

Some stories from Gratiot County Homeless People:

Jim and Judy have 2 children, 13 and 9. In all their 14 years of marriage they've not had to face such frightening times. A year ago Jim had a good job and even a raise so they purchased a new car and were able to make the payments on their house. Then Jim's employer notified him they were cutting his hourly wage by quite a bit which put him back lower than before his recent raise. When he went to MESC they said the employer did not have a legal right to cut his wage without cause and were surprised he had not quit since he could hardly afford to work at that wage and drive the distances required. They said he was entitled to more money on unemployment than he was making. They advised him to quit and look for a better job assuring him his benefits would be good for 12-13 mo. Jim did quit his job but he has not been able to find another good paying job. In the meantime his wife found a job but required back surgery last fall and is now only able to work 20 hrs. per week. Even though she is a regular full time permanent employee, her employer is beginning to lay off people and she fears she won't get full time hours again. In January when Jim picked up his unemployment check with no prior notice MESC told him it was his last check, his benefits ran out in 6 months, not 12 months. Their mortgage had been with FHA but during the summer FHA notified them they'd sold it to another lending institution in North Carolina. They've had problems keeping up their payments and have found the new non-local institution unfriendly to their situation, whereas the local FHA office had been very helpful in the past. They are now facing forclosure and loss of their car which would make it impossible to get to work or look for work in this rural area.

Another family is having similar problems with their present mortgage holder. Larry was laid-off 3 years ago by GM. Shortly after that he was injured and not recallable to work so lost many benefits. The family finally filed bankruptcy, didn't have enough resources to feed their family and were having dinner with various relatives. Their mortgage was with NBD, an Isabella Co. institution, who sold it off to First Federal Savings and Loan of Rochester, NY. In March Larry's wife, Pat, happened to call about not yet receiving a new payment coupon book when she was told that she had not been making payments for a year therefore they were in the process of foreclosing. Pat had all the money order receipts to prove their payments and asked why they had not been notified of the foreclosure process. The answer was that because they had filed bankruptcy last fall this institution was not required to notify them. Fortunately she had proof and the foreclosure did not proceed, but if she had not happened to call, that would have happened without their knowledge. This surely cannot be legal!?

Josephine was able to purchase a rural home a few years ago believing she'd no longer have to worry about having a place for herself and her daughter to live. Over the years she's had help from several programs which have not solved her heating problems. There are still holes in the walls and inadequate insulation. She really needs new siding to keep from heating up the outdoors and cut down on the nearly 300 gal. of fuel oil used each month, but she's not eligible for more help. Josephine works part time and is determined not to go back on welfare, but she can't keep up with the fuel bills and has to play musical chairs with all her bills. Fuel oil will be delivered only in a minimum number of gallons which often costs more than she has at that moment. Most fuel assistance programs only offer one month's bill per year which often doesn't fit the fuel oil or propane gas user. Now Josephine has injured her back so that she can't work at all for an unknown time. She's depressed about having to apply for welfare once again and still unable to keep warm. Where will she go if she has to give up this house that was going to solve all her housing problems.

Many single persons are without resource for housing in Gratiot Co. Most low-income housing is limited to families, the General Assistance grants from DSS are not sufficient to meet the going rents of $250 and up not including utilities. There are too few single sleeping rooms or boarding houses to serve this population. Their only recourse is to find someone to share housing with which does not always work out satisfactorily to all concerned. Rents and rent deposits are beyond most low-income people's ability to pay as stated by our County Department of Social Service director.

In Gratiot County we NEED more affordable housing. We NEED ways and means to help folks save their homes rather than being foreclosed and returning FHA and HUD houses back to the market. For prevention of homelessness we NEED flexible low-interest loan programs for people with unusual cash flow problems. FEMA one month only payments for mortgages does not prevent foreclosures. We NEED fuel assistance programs with more flexibility to service the fuel oil and propane deliveries. One month's utility bill does not prevent shut-offs. It most often requires the aid of two or three programs working together to prevent evictions, foreclosures, shut-offs, and getting the homeless housed. We NEED more jobs that pay a living wage.

States and the private sectors cannot solve these devastating problems alone. We are all in this together but some feel the pains more acutely and directly than others. We NEED to have a caring, creative, and willing government to put the PEOPLE in HIGHEST PRIORITY.

THANK YOU.

UCS
UNITED
COMMUNITY
SERVICES
OF METROPOLITAN DETROIT

MACOMB DIVISION
148 South Gratiot • Mt. Clemens, MI 48043 • Telephone 313/465-3650

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TESTIMONY

ON

"HOUSING MICHIGAN'S HOMELESS: SEARCHING FOR SOLUTIONS"

Submitted to Senator Donald Riegle
March 26, 1990
Public Hearing
Mercy College, Detroit, Michigan

Presented by: Paulette Ethier
Manager, UCS Macomb Division

The following information is presented to you on behalf of the United Community Services (UCS) Macomb Division. UCS is a citizen-based social planning organization dealing with human service problems in the tri-county Detroit area, working closely with federal, state and local agencies, including acting as the planning-arm for the United Way for Southeastern Michigan (formerly known as the United Foundation).

Since 1984, the Macomb Division of UCS has been responding to the escalating problems associated with the issue of homelessness. With an increase in county emergency shelter providers and the emergence of the Macomb Coalition for Emergency Shelter (MCES), an umbrella group for the shelter providers, the Division diverted its attention to what it thought was the root cause of this problem: an insufficient supply of low- and moderate-income housing. By 1988, the Division was charged with seeking resolutions to the problem of decent affordable housing in the county, understanding that the increase in homelessness was not the only symptom of the housing crisis. Other factors to be considered included skyrocketing housing prices and rents, deplorable living conditions, rising poverty, slashed subsidized housing programs, and rising mortgage rates and fees.

As a result of an extensive 1988 county survey on availability of affordable housing, and following a county legislative roundtable on the subject, a decision was made to bring together policy-makers, human service and community representatives from the private and public sector, for the sole purpose of forming three work groups. After analyzing and evaluating collected data on the issue, and listening to specialists with housing programs, these groups determined recommendations of action for the county.

Each group focused its attention on formulating recommendations in their respective area of expertise: federal and state levels, local government and community levels, and private sector level. A written study was the ultimate result of nearly a full year of detailed planning. In planning the study, one of the major thrusts was to encourage ongoing partnerships among UCS, policy-makers and the community. As an early result of the work groups' efforts, special relationships and subsequent arrangements for joint-venture projects have been made with key businesses, agencies and policy-makers. These collaborative efforts are important, but financial support is always needed and necessary for the continuation of such ventures.

During the first ten months of 1988, 2,830 individuals from the county requested assistance in finding low-income housing . These people contacted housing commissions, the Department of Social Services and the UCS Macomb Division office. The median inquiry was from single mothers with at least two dependents, who as a result of foreclosure was without a dwelling. There are approximately 14,000 single parent families residing in Macomb County. The majority (99 percent) of these parents are women, 20 percent of that total are children. Even if a parent is receiving Aid to Families with Dependent Children (AFDC); since 1980 inflation has reduced the purchasing power of those funds by 23 percent. The maximum AFDC payment is 58 percent of the poverty level, the lowest its been since 1982.

Many public housing projects continue to be cost effective and relatively inexpensive to operate. However, others suffer maintenance, crime and multiple social problems or are situated in areas more conducive to commercial or industrial development. These housing situations exist in the older more established communities in the southern part of the county, forcing low-income households to be consigned to live in inadequate housing in marginal neighborhoods. Block Grants are not able to keep up with the demand for residential rehabilitation, and presumably each year additional accrued vacant units, classified as unliveable contribute to neighborhood blight and destabilization. In the county's capital, Mt. Clemens and to the southern portion of the county, the city of Warren, almost all housing units were built more than 35 years ago, and are in dire need of rehabilitation.

The median house price rose approximately 115 percent in some northern sections of the county, while incomes increased only 105 percent over the last ten years. Mortgage interest rates have fluctuated from nine to 12 percent during this same time period. Changes in tax policy affecting real estate investment and rules governing the use of tax exempt bonds have altered significantly traditional community development resources. The new federal low-income housing tax credit can be the deciding factor for developer and investor pursuit of a variety of housing development and rehabilitation using banking financing.

Banking deregulation and increased competition from non-bank financial service firms have challenged banks to become more creative in serving local markets. However, mergers and acquisitions resulting from interstate banking have generated concerns that banks might focus more attention on profitable lines of business, and less on traditional community credit needs.

The essential ingredient in each recommendation strategy listed below is a partnership among the governmental policy-makers, the local self-help groups, dedicated voluntary associations, and the public and private sectors. A home fosters pride and encourages community involvement in the forms of neighborhood stability and political participation.

The UCS Macomb Division looks forward to your proposed legislation supporting greater partnerships that will stimulate more availability of efficient and less costly housing in Macomb County in the 1990s.

RECOMMENDATIONS

Federal and State Levels

- THAT THE FEDERAL GOVERNMENT TAKE PROMPT ACTION TO PROVIDE FOR LOW- AND MODERATE-COST HOUSING OPTIONS, AND INCREASE ITS EFFORTS TO FUND THESE PROGRAMS.

  Concentrated efforts should be in the specific areas of:

  Extending the Internal Revenue Code provision which allows States to sell tax exempt bonds to finance mortgages and mortgage credits;

  Section 8 renewal options beyond the life of the original entitlement of 20 years;

  Additional grant monies for permanent affordable housing and temporary shelters;

  Extension of federal syndication tax credits; and

  Use of IRAs or union pensions for down payments without penalty.

- THAT THE MICHIGAN LEGISLATURE ADOPT LEGISLATION WHICH WOULD PROVIDE BETTER SERVICE TO THOSE MOST IN NEED OF DIRECT HOUSING ASSISTANCE FROM THE STATE, MAKING HOME OWNERSHIP AMONG THESE INDIVIDUALS POSSIBLE.

  The results of an economic recession in 1982 left its scar on Macomb County's blue-collar population, and this work group is encouraging that there be greater concentration on the following:

  Increase coordination among the various State programs designed to encourage or provide housing options;

  Increase the maximum number of days allowed in emergency shelters from 30 to 45 days with an additional 15 day extension, when necessary;

  Additional funding for emergency shelter and transitional housing programs;

  Reform foreclosure laws to protect any equity of the homeowners in any foreclosure sale, and that such a sale could only take place as a last resort after proper counseling;

  Special investment/savings plan for first time home buyers; and

  Rent/lease negotiation requirements for mobile home residents.

Local Government and Community Levels

- THAT LOCAL GOVERNMENT INITIATE CREATIVE AND FLEXIBLE LAWS TO ALLOW REAL ESTATE AVAILABILITY FOR LOW- AND MODERATE-INCOME HOUSING.

County-wide initiatives should include, but not be limited to:

Zoning and ordinance laws;

Tax abatements;

Property tax reviews;

Transfer of existing structures; and

Community standards re-evaluated periodically.

Private Sector Level

- THAT INNOVATIVE FINANCIAL ARRANGEMENTS FOR LOW- AND MODERATE-INCOME PEOPLE BE CONSIDERED BY FINANCIAL INSTITUTIONS.

The suggested areas of concern stated below can be adopted under the banks' efforts to ascertain and meet community credit and service needs:

Relaxed down payment requirements;

Reduced fees and closing costs for first time buyers;

Flexible credit standards need to be considered for manufactured and mobile homes;

Principal reduction and equity assistance considerations for first time buyers; and

Public education about availability of financial programs.

- THAT NON-PROFIT AND PRIVATE SECTOR PARTNERSHIPS BE ESTABLISHED TO DEVELOP DECENT AFFORDABLE HOUSING.

The strength and commitment of a county-wide partnership is crucial to the success and growth of Macomb County, and the areas of most interest are:

Social planning inclusion with county-wide physical planning efforts;

The creation of a non-profit Macomb County Housing Partnership;

Community Development Corporations, limited private partnership syndications, joint-ventures with builders and land developers, etc.; and

Promotion of the county's image.

DONALD W. RIEGLE, JR.
MICHIGAN

COMMITTEES
BANKING, HOUSING, AND URBAN AFFAIRS, Chairman
FINANCE
BUDGET

United States Senate
WASHINGTON, DC 20510

HOUSING MICHIGAN'S HOMELESS: SEARCHING FOR SOLUTIONS

Senate Banking, Housing and Urban Affairs Committee

Chairman Donald W. Riegle, Jr.

Sign In Name:

Address: 39 S. Main St. Suite 16
Clarkston, Mich 48016

Representing: All Truss Homes of America

****

I invite you to attach a prepared statement or to submit your written testimony: All Truss Homes of America has won the only prize that M.S.H.D.A. ever had for the best cost reduction of a stick built Conventional House and a true affordable design the price was $5,000=

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Century Center Bldg 3d Floor
30800 Van Dyke
Warren, MI 48093

EASTERN
Safruco Bldg Suite 910
352 S. Saginaw Street
Flint, MI 48502

CENTRAL
700 Washington Square Bldg
109 W Michigan Ave
Lansing, MI 48933

WESTERN
Suite 716 Federal Bldg
110 Michigan Ave N W
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February 19, 1988

Senator Donald Riegle/Brad Miller
Room 580
110 Michigan N.W.
Grand Rapdis, MI 49503

Dear Senator and Mr. Miller:

Thank you for the opportunity to express my opinion on the Homeless Task Force. Being from a rural county necessitates intense competition for federal monies. The Village of Lake Odessa - representing Sebewa, Campbell, and Odessa Townships-has been competing for the Small Cities Community Development Block Grant funding (CDBG) since 1980. We feel that our Community Home Improvement Program has been crucial in providing a decent home environment for our county residents. We have proof of its worth in the three aforementioned townships. This Lake Odessa administered program has been responsible for rehabilitating over 200 homes - many of them being senior citizens and single parents.

In the process of visiting these homes, it was evident that some of these residents were close to losing or giving up their homes because they could not afford to make the necessary improvements to maintain a safe place in which to live. Some of these persons could have become victims of the homeless population or involuntarily displaced population of the State.

The CDBG Program is the only major source of unrestricted operating revenue available to our small communities. We believe it important to note that we cannot afford to be thrown in competition with large cities for dollars. These larger cities have better capabilities of coming up with innovative programs, which in turn, can secure funding. The small cities have had a high success rate in being able to administer the CDBG funds in a professional manner and it is with sincere hope that attention be given to maintaining this program.

Respectfully,

Cheryl Barth
Grants Administrator

Bringing Our Heritage Home

B.C.V.

Clarksville Area Senior Citizen Housing

Bear Creek Villa

179 East Ferney — Box 178
Clarksville, Michigan 48815
(616) 693-2271

ADMINISTRATOR
Cheryl Storey Barth
8425 Campbell Road
Clarksville, MI
616 693-2748

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Lake Odessa, MI

Royce Wilcox
316 Archer
Clarksville, MI

February 19, 1990

Senator Donald Riegle/Brad Miller
Room 580
110 Michigan N.W.
Grand Rapids, MI 49503

Dear Senator and Mr. Miller

I appreciate being selected to express my opinion on the Homeless Task Force.

Being the manager of a HUD subsidized senior citizen housing project puts one in a position of communicating with a number of persons seeking housing. Bear Creek Villa has only been in operation for two years; consequently, we haven't had a lot of experience with the homeless. However, we have had two experiences with placing whom we consider to be homeless persons - one was quite unusual.

A gentleman who was living in an older vehicle approached us recently. He had had an unfortunate experience an an adult foster care facility, where had had been placed by the Department of Social Services. Rather than be subjected to an unfavorable environment he chose to live in his car. With a glimmer of hope, he came to my office to inquire about obtaining residence. At the time, we had numerous persons on our waiting list to secure housing. Mr. Bennett was fortunate that he was able to become the next person to be considered for residence in our building. This was due to the fact that on January 15, 1988 HUD published a Final Rule requiring that preference be given to applicants for HUD-assisted housing programs, who were currently living in substandard housing.

The point I wish to emphasize is that admittedly not having a solution to the homeless problems which exist - I believe that this particular mandatory federal preference rule (if complied to), is a valuable tool in assuring a comfortable, affordable place to live for a small portion of our homeless persons in Michigan.

Mr. Bennett has been able to regain his dignity and have his own home in lieu of being shuffled between foster care facilities or worse yet, not having a home at all.

Respectfully,

Cheryl Barth
Project Administrator

cc: Clarksville Area Senior Citizen
Board Members

DONALD W. RIEGLE, JR
MICHIGAN

COMMITTEES
BANKING, HOUSING AND URBAN AFFAIRS, Chairman
FINANCE
BUDGET

United States Senate
WASHINGTON, DC 20510

HOUSING MICHIGAN'S HOMELESS: SEARCHING FOR SOLUTIONS

Senate Banking, Housing and Urban Affairs Committee

Chairman Donald W. Riegle, Jr.

Sign In Name: Rosie Price.

Address: 615 E. Rankin
Flint, Mi 48505

Representing: Flint Inner City Beautification Ass.

****

I invite you to attach a prepared statement or to submit your written testimony: The Flint Community over the Decade Has Indentifies Housing Problems, And today, we are still faced with Providing Safe, Sanitary, Affordable Housing, Homeless Problems Has Grown out Of proportion, No Jobs, No money.

There Is an INcreased for a Great Need from our ~~State~~ legislator to Get INvolved, As well as City Administator to meet these Needs morer Dollars

Flint Inner City Beautification Assn
Rosie Price Pres
(313) 235-6041

MICHIGAN REGIONAL OFFICES

NE-MONROE
McNamara Federal Bldg
Michigan Ave
t, MI 48226

SOUTHEASTERN
Century Center Bldg., 3d Floor
30800 Van Dyke
Warren, MI 48093

EASTERN
Sabuni Bldg., Suite 910
352 S. Saginaw Street
Flint, MI 48502

CENTRAL
700 Washington Square Bldg
109 W. Michigan Ave
Lansing, MI 48933

WESTERN
Suite 716 Federal Bldg
110 Michigan Ave., N.W.
Grand Rapids, MI 49503

NORTHERN LOWER
309 Front Street
Traverse City, MI 49685

UPPER PENINSULA
Room 323, P.O. Bldg
200 W. Washington
Marquette, MI 49855

MICHIGAN MUNICIPAL LEAGUE
The association of Michigan cities and villages, founded in 1899.

Reply to:

Headquarters:
1675 Green Road
P. O. Box 1487
Ann Arbor, MI 48106
313/662-3246
Fax: 313/662-8083

Lansing Office:
416 W. Ottawa
Lansing, MI 48933
517/485-1314
Fax: 517/372-7476

Marquette Office:
812 W. Magnetic
Marquette, MI 49855
906/228-4422
Fax: 906/228-2938

President:
HAROLD E. EASTON
Mayor, Tecumseh

Vice President:
VICKI GOLDBAUM
Councilwoman, Southfield

Trustees:
DOUGLAS L. ALLEN
Village Administrator, Roscommon
GLENN ANDERSON
Village Manager, Ontonagon
DURENE BROWN
Councilwoman, Albion
NANCY DINGELDEY
Councilwoman, Wixom
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City Attorney, Monroe
MARY LOU GRAY
Mayor, Hastings
CHARLES GRESS
City Clerk, Wyoming
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Mayor Pro Tem, Escanaba
GERALD R. HELMHOLDT
Mayor, Grand Rapids
RICHARD A. HUEBLER
City Administrator, Allen Park
THOMAS A. MARTIN
City Manager, Mt. Pleasant
BEVERLY McANALLY
Mayor, Romulus
SHIRLEY METCALF
Mayor, Imlay City
PATRICK J. NORTON
Mayor, Wayne
WOODROW STANLEY
Councilman, Flint

Executive Director
GEORGE D. GOODMAN

April 9, 1990

Honorable Donald W. Riegle, Jr.
Chairman, Senate Banking, Housing and Urban Affairs Committee
United States Senate
Washington, D. C. 20510

Dear Chairman Riegle:

Thank you for your invitation to express views of the Michigan Municipal League on federal programs designed to help the homeless. I am enclosing written testimony to be included in the public record.

We appreciate this opportunity to express the perspective of Michigan's cities and villages on this major concern.

Sincerely,

George D. Goodman
Executive Director

enc.
cc: S. Harris, K. Chavers
GDG/sss

Statement of
GEORGE D. GOODMAN, EXECUTIVE DIRECTOR,
MICHIGAN MUNICIPAL LEAGUE,
to the U. S. SENATE BANKING, HOUSING AND URBAN AFFAIRS COMMITTEE

The Michigan Municipal League concurs in the policy on homelessness adopted by the National League of Cities which states:

> High unemployment rates, policies for de-institutionalization, budget cuts in social service programs, and other factors have combined to increase the number of Americans who need food, clothing, shelter, and toilet facilities. These people turn to local government for assistance, especially in emergencies, and these problems become even more acute in the winter months. These needs must be met, but local governments are unable to carry the increasing burden.
>
> The federal government bears responsibility for some of the causes of this increase in the number of hungry and homeless Americans. We urge the federal government to acknowledge this responsibility and to continue to provide assistance to local governments and local partnerships to address the needs of all persons affected by homelessness. Such assistance should include the expansion of funding and technical assistance for the provision of emergency shelters, transitional housing, and supportive services to homeless families and individuals.

The League sees the problems of the homeless as being multi-faceted and related to the larger problems of a lack of a coherent national housing policy and the need to provide adequate social services to our homeless and low-income populations. We need a national policy that integrates housing and social services delivery and that is flexible enough to meet divergent needs. We ask your support for reauthorization and full funding of the McKinney Homeless Act, which recognizes that there are diverse characteristics and needs of the homeless.

We support the call by the National League of Cities for the creation of a National Community Housing Partnership program to provide federal block grants for leveraging partnership efforts involving local and/or state governments, the private sector, and nonprofit housing developers in the construction and rehabilitation of affordable housing excluding CDBG-funded programs. This concept is also advocated by the National Associaton of Housing and Redevelopment Officials. Under such a block grant, local governments could provide the full range of housing assistance and supporting social services in conjunction with the development activities they now carry out under the Community Development Block Grant program.

As part of the programs to aid the homeless, we support the reauthorization of the Community Development Block Grant program with a funding of $4 billion dollars. The CDBG program has been reduced since 1980, and can not meet the nation's needs at its current level. The CDBG program should continue to play an important role in community development, but it is not an answer to comprehensive development.

Continued funding is necessary for the Federal 312 Loan Program. This program makes possible rehabilitation of structures with major deterioration in destressed low rent/low income neighborhoods and leverages private funds. The three per cent interest rate for low income homeowners keeps people that are at or below poverty in home ownership. Through the 312 program, housing units and commercial structures can be given new economic value and life. They become assets to the community. The 312 program allows rehabilitation of residential, commercial, and mixed-use structures--either owner-occupied or renter-occupied. This flexibility permits communities to use the program as local needs dictate and to address several needs that may exist in a neighborhood with a mix of commercial and residential types. We also support funding the Rental Rehabilitation Program at $200 million in 1991.

In considering funding for programs for the homeless and for housing and social services in general at the municipal level, I ask you to remember that Michigan's cities and villages are not experiencing a peace dividend. They are waging war on drugs, on a crumbling infrastructure, on an avalanche of solid and hazardous waste, and on deteriorating local finances. Our citizens are struggling to provide more funds for a better educational system in the face of a growing taxpayer refusal to pay more property taxes.

We are desperately in need of a federal-local partnership to deal with the problems of the homeless and to assure all our citizens of an adequate quality of life. For too long we have not had a coherent national housing policy. We must make this a priority concern.

My perspective for the low-income housing initiative comes from a rural point of view. My experience with many low-income families is fhat adequate housing in just not available in our area. Coming from a University community much of the rental housing available, no matter how poor the condition brings in high rates from students. There is no incentive for property owners to provide affordable family housing. Other units that are made available yet, don't fall within the guidelines of "Federal Low-Income Housing" are made available with little or no regard for minimum housing standards for safety or energy economy. If incentives were given to landlords to make necessary improvements on rental property perhaps a portion of the strain on our rural housing problem would be alleviated. Working with many of my friends and neighbors we have formed a non-profit organization with the purpose of providing home-ownership to low-income families. One of the major situations we have come upon is that home-ownership does not seem to be the answer for many of our homeless persons.

home-ownership is far more than finding an abode and then finding the funds to pay for it. Unfortunately many low-income families have not had the chance to experience the responsibilities of owning their own home, often they do not understand what they are getting themselves into. Taxes, insurance, repairs, and seasonal maintenance are all tremendous draws on a low-income budget.

Transferring what is now low-income multi-dwelling housing into tenant owned housing or providing single family dwellings, either new or reconditioned without providing the training and the funds necessary to maintain the housing is only setting families up for heartbreak and disappointment down the road.

However, if a support system and funding were developed that involved the family in seasonal maintenance and repair as part of their mortgage commitment with personnel available to help with maintenance schedules along with funds available on either grant or loan basis for major unexpected repairs then home-ownership could be a positive experience.

This type of ownership support system combined with job training and community economic growth could someday go a long way toward solving our rural homeless situation.

Sandie Withrow

Sandie Withrow
Project Starburst
P.O. Box 313
Big Rapids, MI 49307

I feel extended Community Block Grants, are a good way to improve local and community housing and bring housing standards up to an exceptable level with a small amount of money on home improvement. this can be achieve with none profit agencies like Project: Homes and Habitat For Humanity who through volunteers can accomplish much with materials and experience drawn from people in the community this makes great community pride and concern for future welfare.

We are seeing a great number of low income and middle income families living in sub-standard housing, because of housing short ages in rural areas also some property owners (slumlords) taking top income for rentals and not putting any thing back to improve living conditions and health standards we would like to see more development in this area to bring standards up to code.

I am greatful for block grants and would like to see more monies available to restore and to bring local housing up to code and to build low cost affordable housing.

John Wm Withrow

John Wm. Withrow
Project: Homes
120 S. State st.
Big Rapids MI. 49307

Response to President Bush's HOPE Initiative

From prospective of Project Homes

It appears from reading the Nov. 10, 1989 fact sheet on Project HOPE that this projected program would not assist Project Homes as it is now organized. Project HOPE is an assistance program for individuals or a group of individuals living in the same building for purchase of and rehabilitation of a structure. Non-profit assistance organizations like Project Homes appear to not qualify for funding under this proposal.

From

Garth Mc[illegible]

DWELLING
PLACE
OF GRAND RAPIDS, INC.

March 7, 1990

Senator Donald Riegle
580 Federal Building
110 Michigan NW
Grand Rapids, MI 49503

Dear Senator Riegle,

I'm writing in response to your request for public comments concerning Senate Bill 565 entitled The National Affordable Housing Act and with regards to President Bush's Hope Initiative for Home Ownership and Opportunity for People Everywhere. I have attended two meetings sponsored by staff from your office in Grand Rapids recently, and found the meetings to be informative and helpful. My comments to you are directed to several specific aspects of Senate Bill 565 as well as some more general observations and opinions concerning the means through which housing issues in this country should be addressed.

Let me begin by stating that this office would probably be supportive of any proposals which will improve the likelihood that citizens of this country will have improved access to affordable housing. During the last 10 years, of course, we've witnessed a substantial decline in Federal support for production of low income housing. Any changes in that direction is welcomed by those of us in the non-profit housing development sector. Generally, any housing program that's proposed to serve the population should be based on certain key principles. To the extent that any legislation is able to respond to the areas I will mention, I believe these proposals will improve our country's ability to respond to current housing needs.

These principles include the following:

1. A sound housing program should expand the amount of housing under social ownership. By social ownership, I am making reference to housing which is operated primarily for resident and community benefit and which is subject to some resident control and cannot be sold for a profit.

2. Proposals should expand social production and increase social control over the housing production process. This would require increased involvement on the part of non-profit and public housing development entities.

3. Proposals should expand direct public financing of housing production and ownership, thereby reducing the dependence of housing on privately controlled debt and equity capital.

4. Housing programs should control speculative private use and disposition of land.

5. Proposals should increase resident control over housing and neighborhood decisions.

6. Proposals should eliminate discriminatory, exclusionary, and oppressive uses of housing and affirmatively address the housing needs of special groups such as racial minorities, women, and the handicapped.

7. Housing resources should be allocated on an equitable basis, providing adequate resources to meet housing needs.

These principals should serve as the basis for any sound housing program. We recognize the fact that bipartisan support will be necessary to successfully move any housing legislation through this Congress. Certain aspects of the Senate Bill and the President's proposal may move this country in the direction of meeting some of these needs.

Local housing strategies is a key component of the Senate bill that should be retained. Certain aspects of both the administration's proposal and the Senate proposal encourage the involvement of the non-profit sector in the development of housing. Any component of either approach which encourages non-profit involvement is extremely important, in our opinion, to the success of the program. Certain aspects of both the Senate and administration's proposals encourage resident involvement in decision making in the projects and in some cases, resident ownership. While we think that resident control and involvement in decision making is absolutely critical, we also believe that significant technical assistance and supportive services will be necessary to ensure successful involvement of residents in management of properties. In any case, a substantial financial commitment will be necessary to make any proposal a success. The administration's proposal seems to simply shift dollars from existing categories to others, rather than creating any real increase in the total number of dollars available for housing. Unless the Senate bill provides for substantial increases in housing programs, it's likely that the bill will have little impact in solving our nation's housing crisis.

There are many other components and aspects of these proposals which we could comment on, but our intent in this letter is to highlight some of our major concerns and issues for these proposals. We appreciate the opportunity to offer input and are more than willing to serve in any reasonable way to provide input regarding current and/or future proposals for meeting housing needs in this country.

Sincerely,

Dennis Sturtevant
Executive Director

/kl

HOUSING AFFORDABILITY STRATEGY

Recommended Additions

A low income housing bill should allow the initial and subsequent payment of a single family residential lease/option plan from an AFDC or similar grant program.

A bill should also provide tax credit to persons who sell a home on a lease/option plan to a low income individual.

In a three family or more residence, a lease/option plan should be made available if all families involved are low income and such lease/option is done in a condominium type contract where each family owns their own residence.

Continue the allowance for housing in an AFDC or similar grant after the mortgage-land contract terms have been fulfilled, if such funds are utilized for upkeep/maintenance of the dwelling.

Jerry Sirk, AFL-CIO Community Service Liaison
Blossomland United Way
P. O. Box 46
305 Lake Boulevard
St. Joseph, MI 49085
(616) 983-1011

MEMO

To: Brad Miller
Senator Riegle's Office

From: M. P. Sawyer
First of America Bank-Muskegon

Date: February 18, 1990

We appreciate the opportunity to have been invited to your community meeting seeking input for proposed housing legislation. We have reviewed the summaries of the Senate and Administration proposals dealing with this issue and both seemingly contain goals and strategies that are pertinent to our community.

More importantly from the bank's perspective is the opportunity to listen to the input being provided by a diverse base of citizens and organizations from our community. It is through this information that we can better ascertain the needs of our community and focus on programs or product offerings that address those needs. I believe your February 8th meeting provided an excellent forum for this purpose.

Through our exposure and involvement with various community groups and neighborhood organizations, the need for affordable housing and low income rental units is very prevalent in our area. Any legislation that fosters and embraces those areas would be most welcome and would be strongly supported by this bank.

It was also apparent from the February 8th discussion that any programs should provide for a generous amount of local control. There is an increasing amount of private sector involvement and funding for programs designed to address and enhance our neighborhoods. We would be concerned if our future public/private partnerships would be controlled or directed at a Federal or State level.

Brad, again thanks to you and Senator Riegle for allowing us to sit in on these meetings and your efforts in addressing these major issues concerning our communities. If we can be of any assistance please feel free to contact me.

M. P. Sawyer
Vice President

MPS/kf

CITY OF MUSKEGON

JAMES W. PRUIM
City Commissioner

"TO REKINDLE THE AMERICAN DREAM"

PRO'S:

1. GOALS, as set forth, are all very good
   - a. Homelessness has to be addressed.
   - b. Increase supply of decent affordable housing
   - c. Transform abandoned housing into good housing
   - d. Revitalize HUD
2. NEEDS:
   - a. Federal leadership is needed
   - b. Realistic new strategy
3. ACTION:
   - a. Rebuild FHA
   - b. Rejuvenate HUD
     - Good points made to do both of the above.
4. EXPAND INVESTMENT INTO AFFORDABLE HOUSING:
   - a. Stimulate rehabilitation of existing housing
     - Really needed in Muskegon
   - b. Support new housing where necessary
5. IMPROVE LOW-INCOME RENTAL ASSISTANCE:
   - a. Through vouchers and section 8 certificates.

CON'S:

1. NEED:
   - a. Points 1 & 6 too political
     - Designed to improve housing or win votes?
2. SPECIFICS:
   - a. Vague on particulars
     - How many dollars to be spent
     - How distributed (through states or to cities)

"HOME OWNERSHIP AND OPPORTUNITY FOR PEOPLE EVERYWHERE"

PRO'S:

1. Specific as to money (2.15 Billion over 3 years)
   - a. Matching grants required to obtain funds
2. Not for new construction
   - a. Only for rehab and assistance
3. IRA's can be used for down payment
4. Encourage private sector to rehab
   - a. To improve the rental stock

CON'S:

1. How will cities raise matching funds?
2. Create jobs (should be addressed in a separate bill)
3. Enterprise zones - how selected?
   - Will big cities get an advantage?

CITY HALL • 933 TERRACE STREET • MUSKEGON, MICHIGAN 49443 • PHONE (616) 724-6701

YOUR COMMUNITY ACTION AGENCY IN THE THUMB
HUMAN
DEVELOPMENT
COMMISSION

March 21, 1990

Senator Donald W. Riegle Jr.
1850 McNamara Federal Building
477 Michigan Avenue
Detroit, Michigan 48226

Dear Senator Riegle:

As Executive Director of a rural four-county Community Action Agency which has been involved in housing programs for over ten years, I have seen dramatic changes in the homeless/housing needs of our community. When we first started providing housing services, 40-50 households were assisted the first year; all had landlord/tenant issues which needed to be resolved. Currently, we have requests from 40-50 households per month with 25% being homeless and 50% near homeless, and little, if no, alternatives available to them.

The number of families with children who are homeless increase as the number of housing units shrink. With the continued expansion of the HDC shelter for battered women, more and more single female head of households are seeking adequate housing. As the available housing units are difficult to obtain, many women decide to stay in relationships that are violent and often dangerous for themselves and their children.

We cannot begin to address the needs of young people 17-25 who have been kicked out of the parental home, have no job or a minimum wage job, and limited skills with little or no education. For these young people, there is no future, just a life of poverty, pain and despair.

I believe that with an aggressive national affordable Housing Act the lives of many could drastically improve; one which addresses the need for safe, temporary and transitional housing for the homeless, but at the same time looks to permanent housing as the key to addressing the needs of the homeless.

We need to see continued and increased support for new housing construction, with programs designed to assist low-income families in obtaining their own home. Also, we need rehabilitation projects which assist both home owners and renters in maintaining the housing they have, as well as improving the housing stock. And lastly, we need activities and programs that form partnerships between the private and

429 MONTAGUE AVENUE, CARO, MICHIGAN 48723-1997 TELEPHONE (517) 673-4121 / 673-6153
FAX - (517) 673-2031

Senator Donald W. Riegle Jr.
Page 2
March 21, 1990

public sector that provide incentive for investors, involve non-profits and meet the true needs of the homeless and near homeless.

I appreciate the time and support you have given in the past to the many issues that face poor, elderly and handicapped person, and I gladly offer my support and HDC's to your efforts.

If I can be of any assistance, please feel free to contact me.

Sincerely,

Mary Ann Vandemark

Mary Ann Vandemark
Executive Director

MAV/ms

YOUR COMMUNITY ACTION AGENCY IN THE THUMB

WALKER'S *Specialty* **CONSTRUCTION COMPANY, INC.**
General Contractors
9940 Freeland
Detroit, Michigan 48227
(313) 933-6280

March 19, 1990

Senator Donald Riegle
477 Michigan
Detroit, Michigan

Honorable Senator Riegle

As a Minority General Contractor licensed for over 20 years specializing in home remodeling, we are extremely disturbed over the distressing plight of our homeless population in Detroit.

These poor and helpless families cannot help themselves. Your good office is being looked to for new, bold and innovated programs to relieve their sufferings.

My Company has the experienced and skilled tradesmen in all phases of home repairs to transform our numerous abandoned, vacant and boarded-up houses into beautiful and safe and livable homes for many needy families to raise their childen.

We would like to be used in the solution to this waste of human lives. We will do whatever you suggest, for we know of your great concern for this problem.

Sincerely yours,
WALKER'S SPECIALTY CONSTRUCTION COMPANY, Inc.

George C. Walker
George C. Walker
President

NATIONAL ASSOCIATION OF HOME BUILDERS OF THE UNITED STATES
MEMBER

COOPERATIVE EXTENSION SERVICE
Michigan State University

Washtenaw County Extension Office

P.O. Box 8645
4133 Washtenaw Avenue
Ann Arbor, Michigan 48107-8645
(313) 971-0079

Patrick S. McFarlane
Extension 4-H Youth Agent
4-H Youth At Risk Programs
March 21, 1990

Senator Don Riegle
Wayne/Monroe Regional Office
1850 McNamara Building
Detroit, MI 48226

Dear Senator Riegle:

It is with regret that I can not testify at the hearings you are holding regarding Michigan's homeless. I direct the 4-H youth at risk program in Washtenaw County and would welcome the opportunity to have you meet and talk with homeless youth in our countyand also see some of the underfunded solutions we are proposing.

Consider this an open invitation to meet and talk together regarding "youth at risk" issues and the homeless youth problem. Unfortunately many times when public policy begins to affect groups of people, that specific group does not have effective direct input into the policy. I would like to provide an avenue into the kids the "youth at risk" program reaches.

Further, since funding for youth issues is not supportive of professional staff, programming or most prevention programs, I will be looking for alternative ways to approach the problems of youth at risk. Perhaps we should talk together about these issues.

I look forward to your response and thank you for your time and committment. With warm regards I remain.

Sincerely,

Patrick McFarlane

Patrick S. McFarlane
Extension 4-H Youth Agent
4-H Youth At Risk Programs

Cooperative Extension Service Programs are open to all without regard to race, color, national origin, sex or handicap.
Michigan State University, U.S. Department of Agriculture and counties cooperating.
MSU is an Affirmative Action/Equal Opportunity Institution.
Division of the County of Washtenaw Human Services Department

CAA

Community Action Agency
& Human Resources Authority

507 First Avenue North • Escanaba, Michigan 49829 • (906) 786-7080

Lorraine Shiner, Executive Director

Edmer Lacasse, Chairperson

March 20, 1990

The Honorable Donald Riegle, Jr.
1850 McNamara Federal Building
477 Michigan Avenue
Detroit, Michigan 48226

Dear Senator Riegle:

In June 1988 the Menominee-Delta-Schoolcraft Community Action Agency received its first Emergency Community Services Homeless Grant funds to assist the homeless in our large rural service area.

Since then 286 people qualifying as homeless have received $26,570.00 in assistance. The assistance has been in the form of emergency shelter, security deposits, rent, clothing, food medication, gasoline, appliances, car repair, bus fare, and medical care.

Our agency's goal is to place the homeless in permanent housing versus temporary shelters. To assist them in the transition, we also provided them with information on and make referrals to other appropriate programs, agencies, and employment readiness; allowing the homeless to obtain social, maintenance and income support services and giving them a feeling of self-worth.

Each year the funds available to our agency run out long before we can serve the needs of all the homeless seeking assistance. Clearly additional funds need to be made available to assure that those people needing this assistance will be helped.

Sincerely,

Bruce Carlson

Bruce Carlson, Chairperson
M-D-S CAA Governing Board Planning Committee

MEMBER
MCAAA

This agency does not unlawfully discriminate against an individual or group because of race, sex, religion, age, national origin, color, marital status, height, weight, handicap, or political beliefs.

Schoolcraft
Delta
Menominee

"Serving Menominee, Delta & Schoolcraft Counties"

NCCJ The Greater Detroit Interfaith Round Table
of the
National Conference of Christians and Jews, Inc.
150 West Boston Boulevard Detroit, Michigan 48202 (313) 869-6306

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Business/Clergy Coordinator
REV. ROBERT O. DULIN, JR.

Youth Relations Coordinator
BOBBIE FUERI

Program Associate
JAN BAYER

April 4, 1990

Senator Donald Riegle, Jr.
1850 McNamara Federal Building
477 Michigan Avenue
Detroit, MI 48226

Dear Senator Riegle,

The Women's Division of the Greater Interfaith Round Table - National Conference of Christians and Jews have a deep concern for the number of persons without homes.

We feel that the first and foremost reason for homelessness is unemployment and drug abuse. Among other reasons are unaffordable housing, lack of adequate education, abuse (spousal and other), seniors with inadequate income and many other reasons.

It is tragic that these are not necessarily single individuals, but entire families; the children of which have to sometimes attend several schools within short periods of time. We must remember that these same children are our natural resources and if they are last, where will our nation be tomorrow.

It is tragic that here in there are vacant public and private housing units boarded up waiting to be demolished with public funds. Why can't these same public funds be used for rehabilitation and provide housing for these unfortunate human beings?

We had representation at the meeting at Mercy College on March 26 and was pleased at the response from the community.

We look forward to hearing of any progress you've made in your fight against this problem.

We must always remember that "there but, by the Grace of God, go I."

Most Sincerely,

Bernadine Denning

Bernadine Denning
President, Women's Division

[f0]<Alicia>SenRiegle4/4/90

NCCJ is a civic organization engaged in a nationwide program of intergroup education. It enlists people of all backgrounds, who without compromise of conscience or of their distinctive and important religious and racial identities, work together to build better community relationships.

JUDSON MEMORIAL BAPTIST CHURCH
530 VERNON AVENUE LANSING, MICHIGAN 48910
TELEPHONE 882-5961

The Rev. Thomas G. Bayes Jr. Pastor
The Rev. Gilbert A. Miles Pastor Emeritus

March 30, 1990

The Honorable Donald W. Riegle, Jr.
United States Senate
705 Washington Square Building
109 W. Michigan Avenue
Lansing, MI 48933

Dear Senator Riegle:

I was very appreciative of your letter informing me of your hearings on homelessness, specifially regarding federal programs which assist the homeless.

At Judson Memorial Baptist Church, we have been involved in starting a soup kitchen (the city's first one in southwest Lansing) and we now sponsor The Love Clothing Center for school age children. We work with agencies like Harvest House and the City Rescue Mission, which work with homeless.

I would appreciate receiving any information that is pertinent from your hearings. I would also like to receive any further mailings regarding the homeless.

Faithfully,

Thomas G. Bayes, Jr (dba)

Thomas G. Bayes, Jr.

TB/da

MICHIGAN LEAGUE FOR HUMAN SERVICES

Comments

prepared for the

U.S. Senate Banking, Housing and
Urban Affairs Committee

on

"Housing Michigan's Homeless: Searching for Solutions"

April 5, 1990

Michigan League for Human Services
300 N. Washington Square, Suite 401
Lansing, MI 48933
(517) 487-5436

The Michigan League for Human Services is a statewide citizens organization engaged in research, planning, general education and advocacy on issues related to meeting the basic needs of the state's low-income and vulnerable citizens. The League, in existence since 1912, seeks the provision of efficient and effective human services through a well-coordinated public and private delivery system. We are very pleased to have the opportunity to submit testimony on the important issue of housing for the homeless.

Not too many years ago, when the term "homeless" was mentioned, most Americans thought only of "drifters and derelicts"--persons who could be in permanent housing if they but chose a different lifestyle. The incidence of homelessness was relatively small and tended to be visible only in the depressed downtown areas of the nation's urban centers. Today, we know that is not the case.

The number of homeless persons nationwide has skyrocketed, with estimates ranging as high as three million. Homelessness is no longer only observed in our large cities--the problem has spread rapidly to small towns and rural communities. And, tragically, homeless families are the single fastest growing segment of the homeless population.

Michigan is no exception to what is occurring nationally. In 1987, the Michigan House of Representatives' Ad Hoc Special Committee to Study Housing Conditions in the State of Michigan estimated the number of homeless persons in the state to be approximately 90,000. Today, according to the Michigan Housing Coalition, that number has increased by nearly one-third, to 127,000, with one-third of these being members of homeless families. In Detroit alone, families as a percentage of the total homeless population increased from 20 percent in 1985 to 55 percent in 1988--a 175 percent increase.

At the core of the problem in Michigan and nationally is the spread of poverty and the lack of available, affordable housing for persons with low incomes. A very large and visible group of poor persons in Michigan--those who must rely on cash assistance grants--graphically demonstrates both aspects of this problem. Today, the state holds 774,000 people caught in this position, including more than 400,000 children.

In Michigan this year, the purchasing power of the maximum Aid to Families with Dependent Children (AFDC) benefit is the least it has been in the last decade; the current level sustains families at only 56 percent of the poverty level (adding Food Stamps to the payment results in a family benefit that is 81 percent of the poverty level). Included in that amount ($479 for a family of three in Wayne County, plus $214 in Food Stamps) is a shelter allowance of only $155. According to the Michigan Department of Social Services, only 26 percent of AFDC and 21 percent of General Assistance (GA) cases in Wayne County are able to meet their shelter expenses with their shelter allotment; statewide, 30 percent of persons on assistance have a sufficient housing allowance to cover their shelter need. Families must take an average of $80 from their meager personal needs allotment of $234 a month to keep a roof over their heads. And in another basic need area, an extra $46 in cash must be contributed to food--in addition to food stamps--if this three-person family is to have a minimally nutritious diet by USDA standards, leaving only $108 a month for clothing, personal hygiene items, cleaning and household supplies, school supplies, and bus tickets or a car, including its maintenance and insurance. Obviously, something has to give and sometimes it is the rent which gives way to school clothing, putting the family at risk of eviction.

The affordability crisis is also evident in the percentage of households with housing costs in excess of the generally accepted standard of 30 percent of income. According to the House ad hoc committee on housing, 68.6 percent of renter households with incomes under $10,000 per year pay more than 30 percent for shelter (76.1 percent with incomes less than $5,000 per year), and 23.2 percent of renter households pay more than 50 percent of their income for shelter (62.7 percent for those with incomes under $5,000).

Michigan, like many states, struggles to maintain adequate programs for its low-income citizens but--also like many other states--has been having a difficult time in meeting basic needs in the face of two major factors in the current environment: diminished federal support of necessary programs and the "no new taxes" stance of citizens frustrated because their total tax bill has not gone down when they were supposed to be getting federal and state tax "reductions."

In this climate, the states have been unable to replace either the reductions in federal housing subsidies or those in the low-income energy assistance program--which also contributed significantly to homelessness. Persons who cannot maintain heat and electrical service are often forced out of their homes, particularly those with small children who--like the elderly--are vulnerable to hypothermia. The allocation of federal energy assistance to Michigan in 1989 was $38 million lower than in 1985; this fact has played a substantial contributory role--if not to outright homelessness, to persons living with their heat or electric service shut off for months at a time. Which raises another important point as we view the homelessness problem: Is a family with a roof over its head but with no electrical service or no heat, homeless? In our view, such families cannot be considered to be decently sheltered.

Finally, we would note that the major step in solving the problem of homelessness must be to increase the stock of affordable housing. While shelters meet an important emergency need for the homeless population, they offer little in the way of longer term hope for the thousands of individuals who need permanent, affordable housing. In fact, we believe there is a very real danger that homelessness could be institutionalized through the establishment and maintenance of ever-increasing numbers of shelters, replete with necessary supportive services to assist the families and individuals housed in such facilities.

More and more, local service providers across the state tell us not only that their emergency programs are stretched to the maximum but that such programs are increasingly viewed as reasonable solutions to their local problem of homelessness. This emerging view of an "adequate" local response to the problem of homelessness leads us to a very real concern that our policies and spending priorities are doing no more than reconstituting a system of "alms houses" similar to those in which poor people were stored early in this century. This danger, added to the significant public and private costs of emergency services which do little to affect the long-term pain and consequences of homelessness, point up the critical need for a comprehensive, well-planned, federal and state program to create and maintain an adequate supply of affordable low-income housing units.

Our organization has for a decade tried to gain visibility on the need for federal involvement in maintaining such a supply. In a comprehensive Housing Report adopted by the League's Board in 1980, members recognized the need for increased federal participation in the provision of low-income housing, particularly through the expansion of subsidized housing, as well as the need to encourage local involvement of lenders, developers and community groups. A decade later, we restate our plea that this problem be seriously addressed.

Our nation has a long history of commitment to decent, affordable housing--it created the Federal Housing Administration in 1934 to live out that commitment. In later years, apathy and retrenchment seem to have taken over, generating a situation in which, today, the magnitude of homelessness in this country shocks the conscience and cries out for solutions. The National Affordable Housing Act is one such effort and could be an important first step in establishing a much needed national housing agenda for the next decade.

Thank you for the opportunity to comment.

* * *

For more information, contact Sharon Parks - (517) 487-5436.

a:hsgtest.mar/SP

NATIONAL AMERICAN INDIAN HOUSING COUNCIL
122 C Street, N.W., Suite 280
Washington, D.C. 20001

George Nolan
Chairman
(906) 635-6050

Virginia E. Spencer
Executive Director
(202) 783-2667
FAX 202-347-1785

TESTIMONY SUBMITTED TO THE SENATE BANKING, HOUSING AND URBAN AFFAIRS COMMITTEE BY GEORGE NOLAN, CHAIRMAN OF THE NATIONAL AMERICAN INDIAN HOUSING COUNCIL ON THE HOUSING CONDITIONS OF THE HOMELESS IN INDIAN COUNTRY

Mr. Chairman, my name is George Nolan. I am Chairman of the National American Indian Housing Council and I am also the Vice-Chairman of the Sault Saint Marie Tribe of Chippewa in Sault Saint Marie, Michigan. I am here today to present testimony on the housing conditions of the homeless in Indian Country and provide comments on Indian housing programs administered by the Department of Housing and Urban Development, the Department of Interior, Bureau of Indian Affairs.

The Department of Housing and Urban Development (HUD), Bureau of Indian Affairs (BIA), and the Indian Health Service (IHS), are necessary entities for the development of housing on Indian reservations and other Indian areas. The BIA is supposed to play a major role in all activities which occur on Indian lands. Although the BIA has done a limited amount of new unit construction in the past, HUD has accepted the role of providing over 70% of all Indian homes since 1961. IHS, a division of the U.S. Department of Health and Human Services, provides most water and sewer facilities for Indian communities, however water and sanitation facilities for HUD financed homes is included in the HUD Indian housing budget.

The FY 1991 Presidential budget proposal for the Department of Housing and Urban Development Indian Housing Programs contains no money for construction of new housing units. The Indian Health Service FY '91 budget for new construction of sewer and waste management facilities is proposed at the zero level. The Bureau of Indian Affairs Housing Improvement Program requested $16.9 million for rehabilitation of existing units but sought no funds for construction of new units or roads.

BIA also requests $123,000 for Housing Training, a program designed for Indian tribes to conduct the annual housing needs survey that determines the overall housing needs for the entities providing Indian housing assistance. In 1989, the BIA housing needs survey determined that approximately 93,000 Indian families were in need of a decent, safe and affordable place to live.

On January 29th, the day the President's Budget for Indian Housing was introduced by HUD, NAIHC Executive Director, Virginia

Spencer, asked HUD how the administration could justify the proposal to zero out the Indian Housing budget despite the overwhelming shortage of homes in Indian Country. HUD officials responded that the administration plans to meet the shortage of housing with the new HOPE (Homeownership and Opportunity for People Everywhere) initiative and rehabilitate existing HUD financed homes that are vacant. There are almost no vacant units in the Indian housing inventory.

The Homeownership and Opportunity for People Everywhere Program

The Administration's HOPE program was introduced in the House on March 13, 1990. Under Title I--HOPE FOR PUBLIC AND INDIAN HOUSING HOMEOWNERSHIP, HOPE is planned to be a comprehensive action to increase homeownership opportunities for low and moderate income families and to create jobs and entrepreneurial activity in distressed urban and rural communities. HOPE contains no new construction. What HOPE does offer is a long range competitive assistance pla[illegible] to persons already living in rental units that can afford the ev[illegible]al purchase of their unit. HOPE also provides the housing progr[illegible]o develop an acceptable economic self-sufficiency plan to reduc[illegible]he need for the assistance through the provision of training, [illegible]ployment, and supportive services opportunities. If the economic self-sufficiency plan is unacceptable within the requrements set by HUD, does the applicant remain homeless or are there provisions for supplementary housing? And if the plan is turned down is there an appeals process?

For FY 1991, HUD has requested $90 million for the Indian HOPE grants program, which will enable low-income families to become homeowners with a stake in their communities by providing funds for resident homeownership in public housing, Government held vacant and foreclosed properties, and financially "distressed' properties held in the FHA portfolio. The $90 million proposed for this program falls short of the total new construction appropriation in FY 1990 for HUD's Indian Housing programs and provides for no new construction.

HOPE proposes the creation of 50 Enterprise Zones in the nation's most economically distressed areas within which tax incentives will be available to stimulate small business development and economic growth. According to the HUD Office of Policy Development and Research, Indian and Alaska Native areas are to be included for consideration because of their unique tax conditions. While this idea is a good one, enterprise zones offer NO HOPE to meet the current housing needs of people who have no place to live. And, out of 50 zones, we can guess how many will be designated in Indian areas, probably one. One of our members from Red Lake Reservation has written a paper on "Unlimited Economic Enterprise Zones," which we recommend for Indians and non-Indians.

The HOPE program offers to facilitate homeownership opportunities by requesting funds for 6,000 vouchers and certificates to relocate residents, replace rental units lost to homeownership as rental assistance. In most Indian areas and in the remote native areas of Alaska, there are no spare rentals, and resettlement of residents parallels the disastrous removal, termination and relocation policies imposed on Indian people by this government of the 1940's and 50's that has caused many Indian families to permanently leave their homelands for urban areas.

HOPE is intended for the urban and not-so rural areas of this country and may deliver some very minimal housing relief in those areas. Other alternatives are needed for housing hope in Indian Country.

Homeless Funding for Indians

Funding for the Indian homeless is another problem. Of the available programs for homeless assistance Indians and Alaska Natives are eligible for only 3, and two of those only as second level grantees. In the only direct funding program for Indians, the Emergency Services Grant/ Supportive Housing Grants, all 17 Indian applicants were rejected in FY 1989. The Emergency Services Grant (ESG) provides shelter for the homeless and helps meet the costs of operating shelters and provides social services such as employment counseling and health services. Funds are allocated to cities, counties, and states and distributed to ESG applicants. In 1988, Government Accounting Office (GAO) interviewed 42 grantees of ESG. "None of these grantees target veterans or Native Americans".

Indians are eligible as a second level grantee for the Federal Emergency Management Administration (FEMA) Emergency Food and Shelter Program. FEMA funds provide food, consumable supplies and small equipment to the homeless and many times is the only source of funds for thousands of shelters and assistance providers. When FEMA receives its appropriation, it convenes and chairs a National Board composed of the United Way of America; the Salvation Army; the National Council of Churches; Catholic Charities, USA; the Council of Jewish Federations, Inc; and the American Red Cross. The National Board establishes fund allocation criteria throughout the nation using poverty and unemployment data; and advises each state, territory, and locality of the amount of funds allocated to it. "Indian entities are included but many times are not adequately being served by the states or local governments because they did not know how Indian people could be served". (U.S. Government Accounting Office, Report to Congress, May 1989, HOMELESSNESS HUD'S AND FEMA'S PROGRESS IN IMPLEMENTING THE MCKINNEY ACT).

The Department of Housing and Urban Development--(HUD)

Appropriations for HUD Indian housing programs have been decreasing since the early years of the Reagan Administration and primarily continue to diminish in the Bush Administration. FY 1990 and FY 1991 the Bush Administration proposed zero funds for construction of new Indian housing units. With the leadership from the Senate, Indian housing was funded for 1675 units ($[illegible]36 million) for FY 90.

On March 5, 1990 the Congressional Research Service (CRS) reported to the United States Senate Select Committee on Indian Affairs that housing trends in the Reagan and Bush administrations (FY1982-1991) have fallen below those for the period of FY 1978 to 1981. Indian housing has decreased at an annual rate of $45.6 million (-19.9 percent) or an average level of $228.7 million, while overall HUD spending has remained almost flat, growing only by $5.9 million (0.04 percent) a year on an overage level of $16.3 billion.

Mr. Chairman, we have 5 graphs constructed by CRS that we will submit for the record. Graph I illustrates the HUD trend and Graph II depicts the trend for Indian housing. Graph III combines the two sets of data. Graph IV shows the Apparent vs. Real Change ratios in Indian Budget Areas for FY 1975-1991. Graph V presents a comparison of Real Change Ratios (in percent) in Federal and Indian Budget Areas, FY 1975-1991. (The time period for housing data is shortened from FY 1975-1991 to FY 1978-1991 because of missing data for Indian housing in FY 1977).

Now FY 91, the Administration declares fighting the war on homelessness and poverty through HOPE. However, the Indian HOPE program is targeted mainly for urban housing problems and does not speak to addressing the needs of the rural and there are no substantive long or short range plans to meet the needs of the Indian population. There is no new construction planned in the Administration's proposal. HOPE is a minor program initiative that will not meet the housing needs of the poor people of this nation and will create more homeless conditions if enacted in its present form.

Mr. Chairman, Secretary of HUD, Jack Kemp stated recently in a hearing before this Committee that building units for low-income renters is not an efficient way to serve the poor. Well sir, in Indian Country nearly 27% of our people are poor. According to the 1980 U.S. Census, 27.5 percent of the Indian population lives in poverty and relies on federal housing to meet almost all housing needs for Indian Country.

The Bureau of Indian Affairs

Among the many concerns the BIA administers, the Housing Improvement Program (HIP) is designed to provide housing assistance to Indians and Alaska Natives. The FY91 budget proposes to focus on rehabilitating existing homes with a request for $16,699,000. FY 1991 budget estimates "BIA program accomplishments will meet approximately **5%** of the overall long term renovation needs." (FY 1991 BIA Housing Budget Proposal, pp. BIA 290). In their budget,the BIA declares that, **"The primary responsibility for new home construction on Indian reservations lies with the Department of Housing and Urban Development (HUD)."** New home construction on Indian reservations is proposed at zero in the FY 1991 HUD budget. The BIA also requests zero funding for construction of new homes. Now, who has the responsibility?

In 1961, Indian housing programs were established in HUD and Indians on reservations and trust lands became eligible for publicly assisted housing which had begun 25 years earlier throughout the country. Since the beginning of Indian housing over 70 percent of all housing built on Indian reservations has been supplied by HUD. Between 1970-79 HUD starts averaged 3,488 units per year, but between 1980-1989 HUD new housing starts declined at a time, when the need for new housing was aggravated by rapid population growth and unemployment.

In President Bush's inaugural address there was promise of a new, gentler, and kinder nation and challenges to all Americans to end the crisis of homelessness so that soon every citizen in America would have a roof over their head. But, now in his first real budget, President Bush is taking the same course set by the Reagan Administration. Indian housing programs are seen as not necessary and proposed for elimination despite the growing and desperate need for new housing construction.

The National American Indian Housing Council is a non-profit corporate organization whose membership consists of 180 Indian Housing Authorities throughout the lower 48 states and Alaska. NAIHC is the only Indian organization on a national level committed to working with the various Indian housing authorities and tribal governments ensuring the delivery of professional services that enhance the lives of Indian citizens living on reservations or traditional native lands.

Because of our concern and interest with the future of Indian Housing, the NAIHC Board of Directors and membership submits the following recommendations and issues to the Senate Banking, Housing and Urban Affairs Committee.

RECOMMENDATIONS AND ISSUES

The National American Indian Housing Council recommends an allocation of 6,000 units or $500 million for Indian Housing in the Congressional Budget Resolution. An allocation would specify a spending minimum for all new construction based on the housing need of Indian country and offset the zero funding levels proposed each year.

NAIHC also recommends an exemption for Indian housing from sequestration in the Gramm-Rudman Deficit Reduction Act and other reduction measures. NAIHC concurs the Federal Deficit Reduction Act (FDRA) must be adhered to, but why should the FDRA take precedence over the homeless and needy in this country?

NAIHC recommends that the Bureau of Indian Affairs allocate funding for construction of new Indian homes for the elderly and handicapped at a minimum of 2,000 units per year.

BIA rehabilitation of existing Indian homes should be increased to $32 million per year to address a minimum of 10% of the immediate need.

NAIHC recommends Indian Health Service receive funding to supply sewer and sanitation services for 6,500 units of Indian housing or a minimum of $65 million to meet the current needs of Indian Country.

NAIHC recommends that Indian Tribal governments and IHAs be designated as first level grantees for all homeless assistance and specified as such in the Stewart B. McKinney Homeless Assistance Act (P.L. 100-77).

NAIHC recommends the Administration develop a 10 year plan to eradicate the housing shortage in this country. Thousands of Indian and Alaska Native families have been on waiting lists for several years waiting patiently for housing assistance to obtain decent standard homes. If the Bush proposal is allowed to stand, how do we tell these needy families the Federal government, who has the responsibility to address the problem of housing in this country, is not able to provide the necessary means for providing this long awaited home.

INDIAN HOUSING ISSUES

1. Relief for old Mutual Help Program Participants

The Old Mutual Help Program was designed for very poor Indian families. In today's economic climate, financial circumstances often prevent these families from making homeowner payments. This is contrary to the intent of providing housing for low income families. HUD should allow the IHA to convert the unit to rental so that families can continue to live in the home without the threat of eviction. It is recommended that, once these units are paid off by the IHA, the family becomes the owner of that unit.

NAIHC recommends amending 24 CFR 905.315 (b) and 435 (proposed consolidated regulations.),and the statutory authorization to revise assistance to participants U.S. Housing Act-1937 Sec. 5(f).

2. Indian families have almost no opportunities for decent housing except for HUD financed units. In determining the family's eligibility for occupancy and continued occupancy, the individual deduction allowable to determine the adjusted gross income are inadequate to serve the lowest income participants. NAIHC recommend that the individual deduction from income be increased from $480 per each dependent household member to $1,000 for each family member residing in the household regardless of status; and from $400 per elderly family to $2,000 for any elderly family, and that the requirement of 30% of the family's adjusted income be reduced to 20%.

NAIHC recommends amending the Housing and Community Development Act of 1987 with regard to this problem, and, if necessary, further amend U.S. Housing Act, 25 USC Part II, Sec. 3(A) "A family shall pay rent for dwelling unit assisted under the Act...the highest of the following:..."

Section 3(A)

1. 30* percent of the family's monthly adjusted income;
   *** change to read 20 percent**

2. 10 percent of family's monthly income; or

3. if the family is receiving payments for welfare assistance from a public agency and a part of such payments, adjusted in accordance with the family's actual housing costs, is specifically designated by such agency to meet the family's housing costs, the portion of such payments which is so designated.

Section 3(B)

The term "adjusted income" means the income which remains after excluding:

A. $480 for each member of the family residing in the household (other than...)...etc.
B. $400 for any elderly family.

Changes to read:

The term "adjusted income" means the income which remains after excluding:

A. $1,000 for each member of the family residing in the household;

B. $2,000 for any elderly family.

3. HUD's definition of elderly is currently 62 years of age or over. Recognizing that the life expectancy of American Indians is less than that of the overall population, the Bureau of Indian Affairs has set the age for elderly at age 55 for the Housing Improvement Program (HIP). In order to statutorily lower the base "elderly" age limit from 62 years to 55 years, NAIHC recommends amending the U.S. Housing Act of 1937: at the end of sec. 3(b) (3) (A) add a clause which states that in the case of Indian Housing Authorities, the term elderly family includes a person who is at least 55 years of age; and/or add at Title II Sec. 201 (d) a sentence stating that in lower income housing developed or operated by IHAs, the definition of elderly for Indian families shall include persons at least 55 years or older.

4. Although there are only about 2370 homes constructed under the Turnkey III Program, and, though no new homes are being constructed under this program and some IHAs are converting Turnkey III homes to rental units, the housing authorities still managing this program must have clear regulations to go by. (Particularly affected is Seneca Nation IHA which manages 107 Turnkey III units in Indian Country.) Families who originally participated in the Turnkey III program have not changed their desire to be homeowners and have no interest in becoming renters after years of paying on their homes. Turnkey III is a home ownership program like Mutual Help, not a rental program. Unlike Mutual Help, Turnkey III is not mentioned in PL 100-358 and appears to often be ignored when regulatory changes are made both for the low-rent program under Title I of the U.S. Housing Act of 1937 and the Mutual Help Program, now under Title II. For example, unless a housing authority has specified differently in its Turnkey III contract, the project is still under HUD's 30% rule although mutual help projects have different payment requirements (15%-30% set by the IHA).

NAIHC recommends adding language to P.L. 100-358, either by adding a new Sec. 203 which spells out how the Turnkey III program is to be handled.

5. It is necessary for IHAs to cooperate with tribal governments in seeking viable long-term solutions to the housing and economy-based problems in Indian Country so that communities can thrive and their needs can be met by the people themselves. This would result

in more businesses and employment in Indian Country.

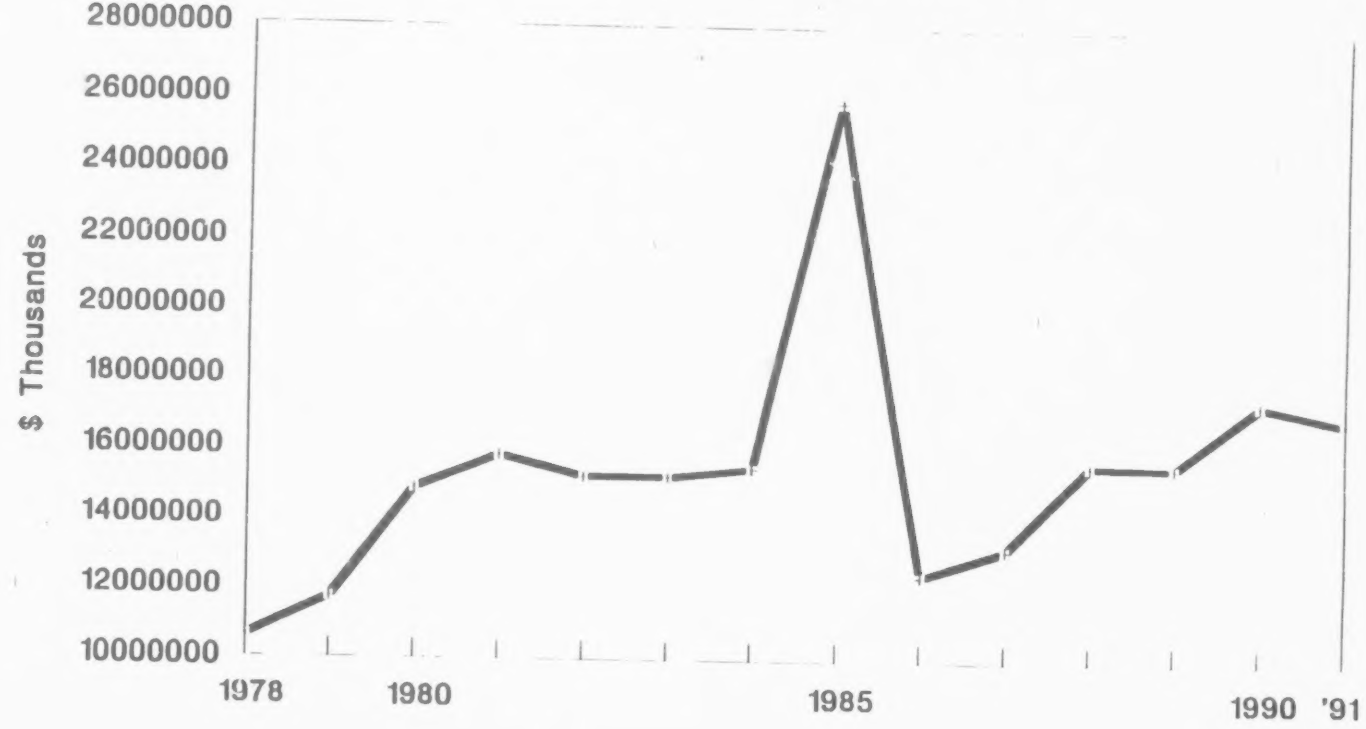
NAIHC recommends support for unlimited enterprise zones which will include rural areas, Indian reservations, and other recognized Indian and Alaska Native communities.

6. In some Indian Housing Authorities special circumstances exist which cause unintentional and unfair hardship on program participants. For example: 1) housing authorities that are close to the Canadian border have enrolled members who may work in Canada, live on the reservation, and thus, pay income taxes in both countries. This individual's rent or homebuyer payment is based on his/her gross income. But, since income tax is paid twice, that person's actual income is less than is reflected by his U.S. W-2 form; 2) An individual lives on the reservation but works in the city. In order to support the family this person must maintain both a home on the reservation and a room in the city where expenses are far higher than on the reservation. Again, the rent or homebuyer payment is determined by his/her gross income, a substantial portion of that income being used up in paying for residences in two locations.
NAIHC recommends revising the "definition of income" section of the U.S. Housing Act of 1937.

Mr. Chairman and members of the Committee on Banking, Housing and Urban Affairs we know you share our views on these critical issues and we thank you for allowing the National American Indian Housing Council to present this testimony.

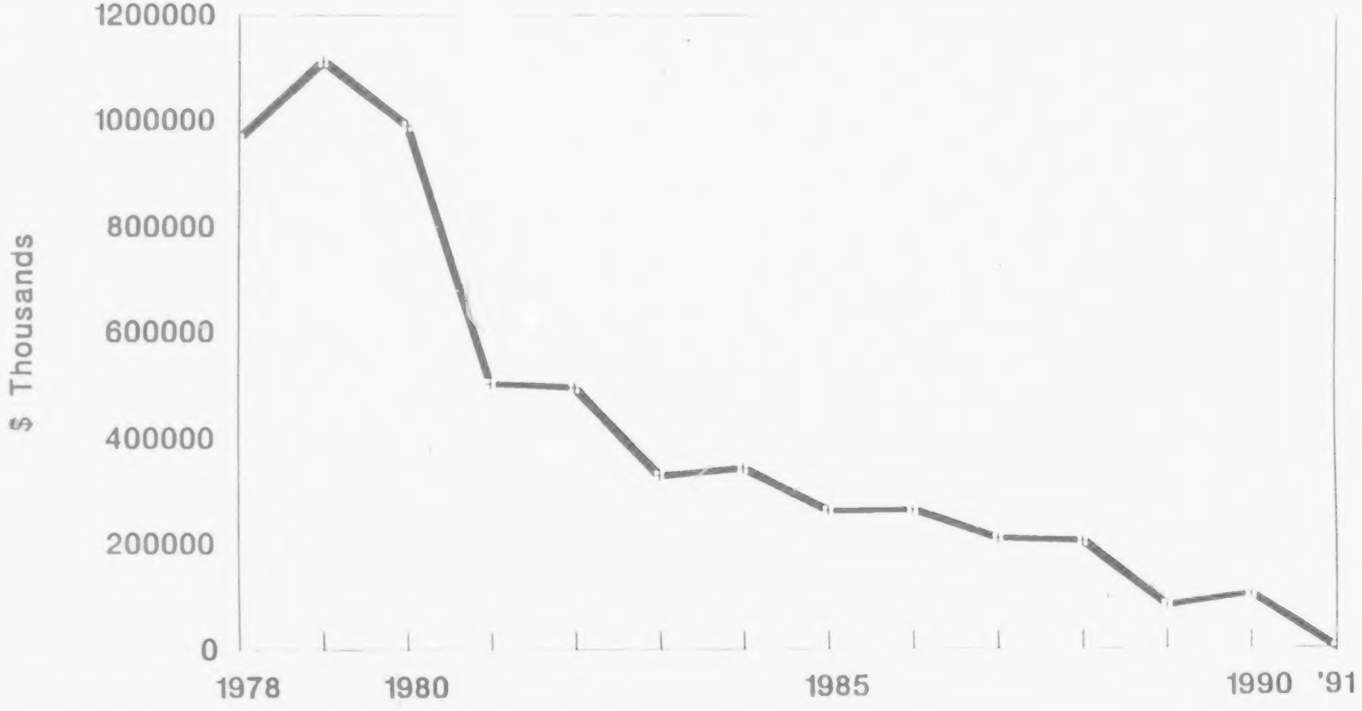
Graph I
U.S. HUD Dept. Budget, FY1978-91

In Constant 1982 Dollars

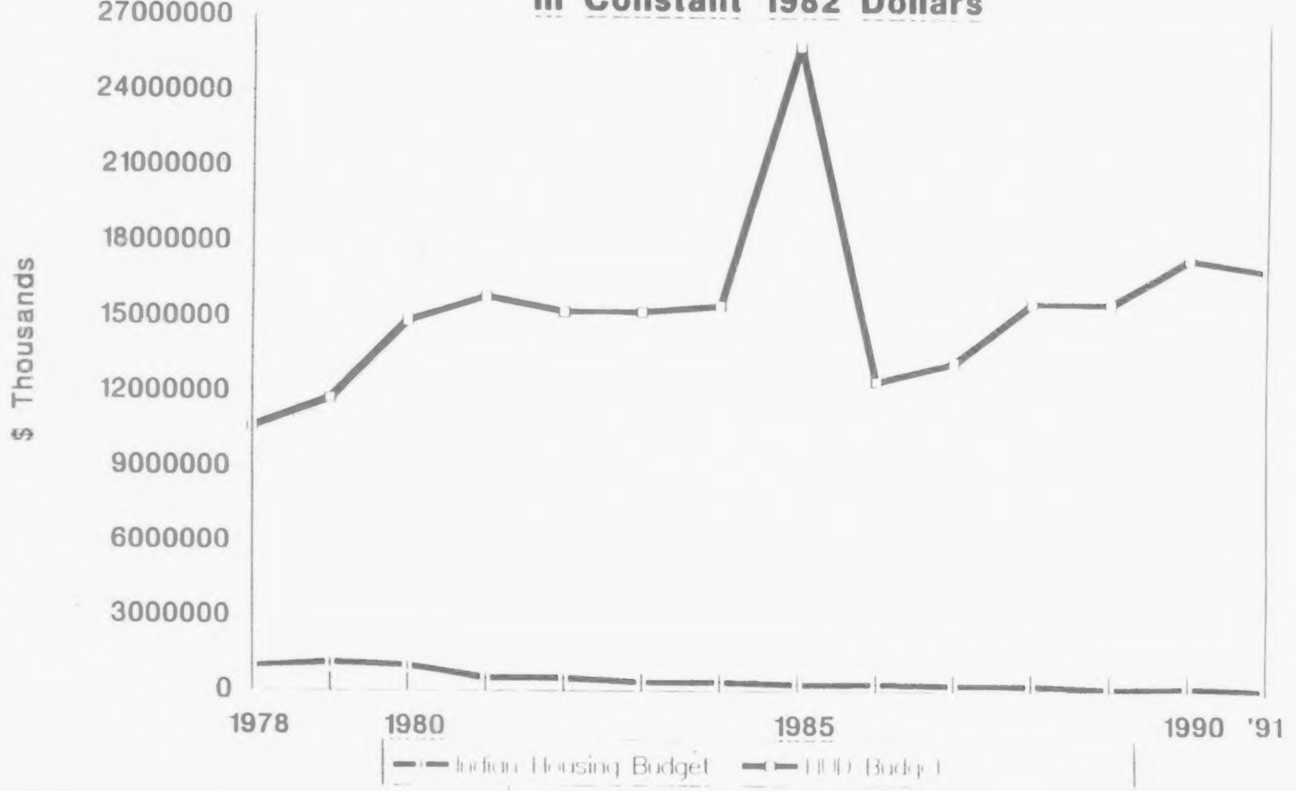


Graph II
Indian Housing Budget in HUD, FY1978-91

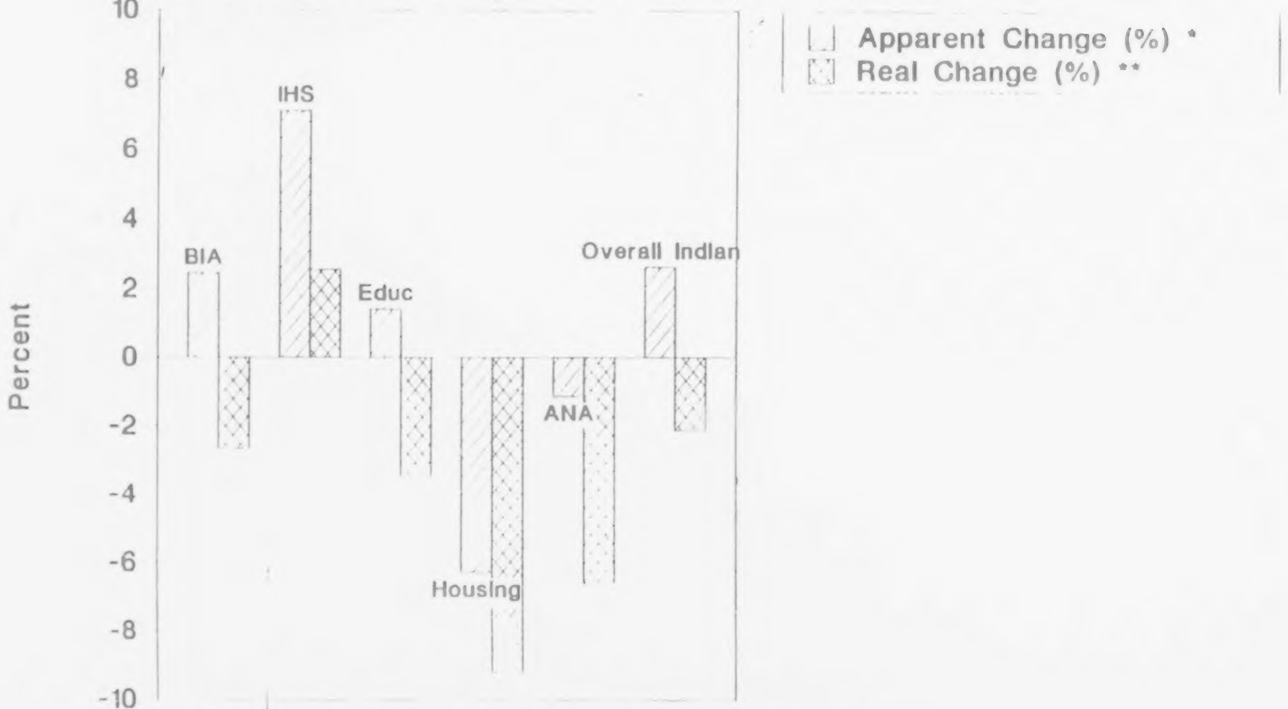
In Constant 1982 Dollars



Graph III
Indian Housing vs. HUD Budget, FY1978-91
in Constant 1982 Dollars

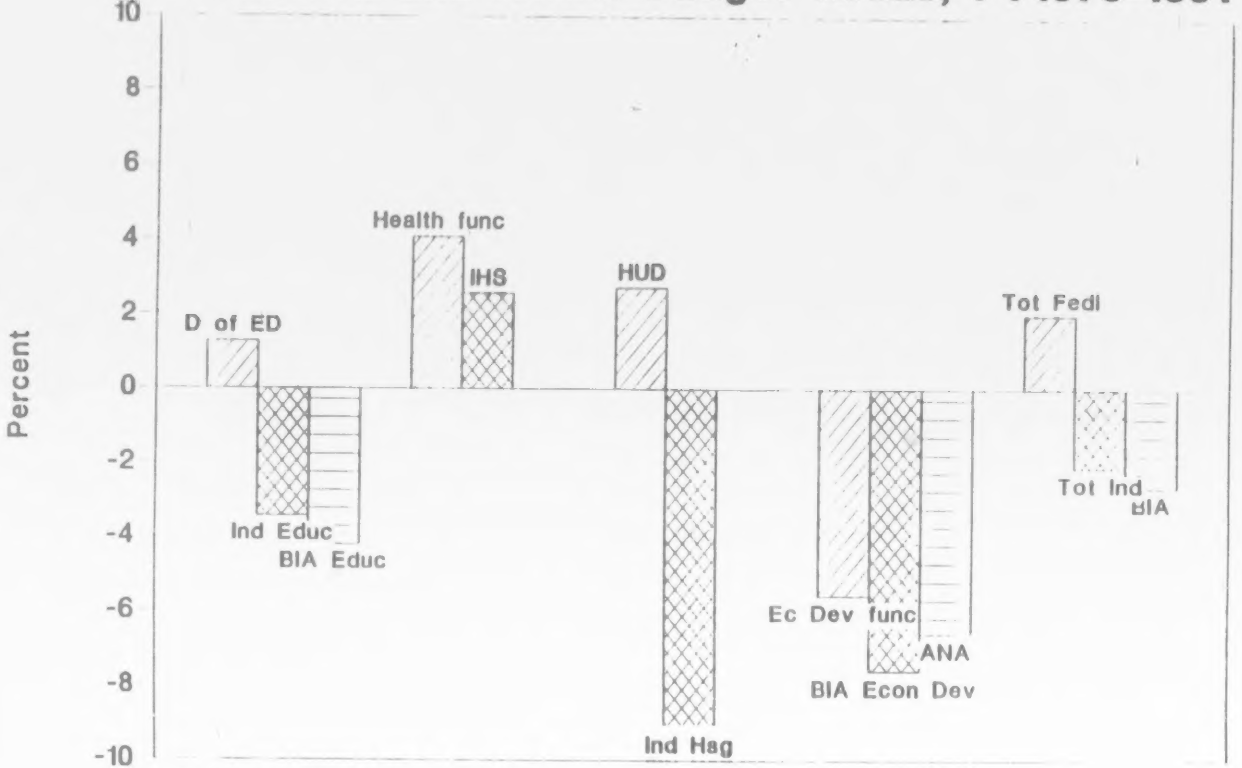


Graph IV
Apparent Vs. Real Change Ratios in Indian Budget Areas, FY1975-1991



* Change Ratio (%) based on Current Dollars
** Change Ratio (%) based on Constant 1982 Dollars

Graph V
Comparison of Real* Change Ratios (in Percent) in Federal and Indian Budget Areas, FY1975-1991



* Based on Constant 1982 Dollars.

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OF METROPOLITAN DETROIT

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March 23, 1990

Senator Donald W. Riegle, Jr.
1850 McNamara Federal Building
477 Michigan Avenue
Detroit, MI 48226

Dear Senator Riegle:

Enclosed is the UCS study, "Where Are They Tonight?," a study of homeless youth in metropolitan Detroit. The study provides a clear picture of the dilemma faced by youth and the agencies that serve them. This document recognizes the excellent services already available in Michigan. Yet, provides valuable information to help us advocate for the additional needs of this population.

I am sure you will find the study worth reading.

Sincerely,

Cheryl Coleman
Cheryl Coleman
Senior Manager
Family Social Services Division

CC:lb
Enclosure (Study)

• DETROIT DIVISION • 1212 Griswold, 12th Floor • Detroit, MI 48226-1899 • 226-9490
• MACOMB DIVISION • 148 South Gratiot • Mt. Clemens, MI 48043 • 465-3650
• OAKLAND DIVISION • 29508 Southfield Road, Suite 202 • Southfield, MI 48076 • 569-4208
• WAYNE DIVISION • 19101 Inkster Road • Romulus, MI 48174 • 782-4030
• TEL-HELP • 226-9888 • (Toll-free outside Detroit) 1-800-552-1183 • 226-9452 TDD

Where Are They Tonight?
EXECUTIVE SUMMARY

Homelessness is a growing problem. We must recognize that as the number of homeless people and families increase, youth trying to live independently will likewise grow. The National Network of Runaway and Youth Services defines homeless youth as "those youth who have no parental, substitute foster or institutional home." Often, these youth have left home due to severe abuse or neglect or been urged to leave with the full knowledge or approval of legal guardians. Over 80 percent of the case histories examined by the Michigan Network of Runaway and Youth Services (MNRYS) included incidents of sexual abuse.

National studies also document alarmingly high histories of abuse. During the summer of 1984, Dr. Ann Burgess from the University of Pennsylvania, interviewed 149 runaways between the ages of 15 and 20 in a Toronto, Canada crisis center. An overwhelming majority of the runaways had been physically beaten (73 percent). In addition, seven in 10 female and nearly four in 10 male runaways report having been sexually abused. Of the runaways studied, 63 percent were males and 37 percent were females. Their ages range from 15 to 20, with the males closest to age 18 and the females slightly younger, at 17 years old. The study also shows that several of the runaways had already become young parents. Of the male runaways, almost one-quarter reported having fathered children, while nearly one-third of the female adolescents had been pregnant. Just over half the youths studied had at least some high school education, yet few (15 percent) had graduated from high school.

There are no "typical" homeless youth — they include youth who are pregnant or parenting, the emotionally unstable, substance abusers, foster care graduates, ex-offenders. Homeless youth are typically older than runaway youth (17 versus 15). Their problems have festered over time and the solutions must be long term.

It is clear that once on the street, these young people are prey to pimps and drug dealers. Local and national experts say that once on the street, youth have little recourse but to turn to prostitution, crime and drugs to survive. Most homeless youth, nationally and locally, have only completed school through grades 9 or 10. Obviously, this population has little chance of managing independently for very long.

According to the Children's Defense Fund (CDF), like young people not in school, homeless youth are less likely to receive information about health risks, such as AIDS. The rise in STDs is largely among teens, adults in their 20s, prostitutes and people addicted to crack. Given that the dormancy period for AIDS can be as long as ten years, most people who test positive for AIDS in their twenties contracted the virus when in their teens. The rate of low birth weight among infants is significantly higher for teens (112.7 per 1000 vs. 85.9 per 1000). Teens are twice as likely to lack prenatal care or have an inadequate number of prenatal visits. Fifty-seven percent of area teen mothers have less than a ninth grade education.

Program models that serve homeless youth vary. They can be residential group homes, quasi-independent or community-based transitional living programs. Residential group home and quasi-independent programs usually have a bed capacity of five to ten. Community living programs can serve more youth because they depend on families in the community to offer support. Those families that do provide loving homes receive a subsidy. These transitional living programs can support youth for up to six months while the young people are taught the skills necessary to survive independently. The residents develop their self-esteem and skills through counseling, workshops, tutoring, peer support groups and daily practice. Youth are given a limited amount of time to find a job and, while in a transitional living program, youth must work.

The cost per client in Michigan's six transitional living programs range from $1,666 to $3,750 yearly. Compare that to a year on General Assistance ($5,544) or Aid to Families with Dependent Children ($8,892) or a year in prison ($22,000).

Up until a few years ago, special programming which addresses these special needs did not exist. There are 29 runaway shelters for children under age 17 whose problems can usually be addressed to enable them to return home within 14 days. In recognition of the growing problem of homeless youth, the Michigan Department of Social Services funded six programs across the state in 1987. Additional services are needed, particularly services which address the needs of sub-populations, such as substance abusers, pregnant teens, and youth who are highly emotionally disturbed.

RECOMMENDATIONS

United Community Services recommends:

1. THAT MICHIGAN'S STEWART B. MCKINNEY HOMELESS ASSISTANCE ACT (PL 100-77) APPROPRIATION FOR EDUCATION OF HOMELESS CHILDREN AND YOUTH ($151,000) BE SPENT DIRECTLY TO SUPPLEMENT EDUCATIONAL SERVICES AND THAT A PLAN TO EDUCATE HOMELESS CHILDREN BE DEVELOPED JOINTLY BY THE PROGRAMS THAT SERVE THEM.

   UCS Role: To advocate with appropriate policy makers to spend federal and state funds on programs to educate homeless children rather than on plans and policies, and to bring together providers to develop a plan to educate homeless children.

2. THAT STATE-FUNDED HOMELESS YOUTH DEMONSTRATION PROJECTS BE ELEVATED TO PERMANENT STATUS, AND THAT FUNDS BE INCREASED FROM $500,000 TO $1.7 MILLION TO SUPPORT EXPANSION FROM 6 TO 15 PROGRAMS.

   UCS Role: To advocate with appropriate policy makers to elevate current homeless youth programs to permanent status and to provide funds for program expansion.

3. THAT THE EXECUTIVE AND LEGISLATIVE BRANCHES OF THE STATE OF MICHIGAN MAKE HOMELESS AND RUNAWAY YOUTH A PRIORITY.

   UCS Role: To encourage the Governor to include homeless youth as a priority issue in his State of the State address. To present this report to members of the Michigan House and Senate.

4. THAT UCS DEVELOP AND IMPLEMENT STRATEGIES TO STRENGTHEN LINKS BETWEEN YOUTH-SERVING AGENCIES AND EMPLOYMENT AND TRAINING OPPORTUNITIES.

   UCS Role: To convene a meeting among youth service providers, educators and employment and training representatives to identify service issues.

5. THAT THE FEDERAL FUNDING OF RUNAWAY AND HOMELESS YOUTH TRANSITIONAL LIVING PROGRAM FOR HOMELESS YOUTH BE INCREASED TO $10 MILLION (FROM $5 MILLION) IN 1991.

   UCS Role: To advocate at the federal level for increased spending for homeless youth.

6. THAT UCS ADVOCATE FOR TARGETING HEALTH EDUCATION SERVICES TOWARD HOMELESS YOUTH.

   UCS Role: To work with health service providers, homeless youth providers, police and others to identify "access" points for targeting information.

7. THAT LEGAL AND FINANCIAL BARRIERS TO OBTAINING MEDICAL AND PSYCHOLOGICAL SERVICES BE ADDRESSED.

   UCS Role: To delineate specific health and mental health related barriers and present this information to area health councils and other appropriate entities.

WHERE ARE THEY TONIGHT?

I. Introduction

DeShawn is a 17-year-old young woman who has had ongoing problems with her family. She was abused at home for many years as a child and has lived with several different relatives, friends and neighbors. None of which worked out. One parent or both are alcoholic. After several attempts to work out her problems with her family, DeShawn landed on the street with no more options. She had used them all when she was younger. She then spends several weeks, months or even years taking care of herself, one day at a time.

According to experts, an increasing number of youth, like DeShawn, are homeless. The National Network of Runaway and Youth Services defines **homeless youth** as those youth who have no parental, substitute foster, or institutional home. Often, these youth have left home or been urged to leave with the full knowledge or approval of legal guardians. **Runaways** are children and youth who are away from home at least overnight without parental or caretaker permission (Homeless Youth: an Overview of Recent Literature, Robertson, 1989).

Homeless youth have either been abandoned by their families or have experienced such severe abuse that they have little choice but to leave home. Statistically, over 80 percent of the case histories examined by Michigan Network of Runaway and Youth Services (MNRYS) included incidents of sexual abuse. In a recent study by Dr. Ann Burgess of the University of Pennsylvania, who studied 149 young people between the ages of 12 and 20, 73 percent had been physically beaten and 43 percent cited this abuse as a reason for leaving home. Sexual abuse in the home was reported by 73 percent of the girls in the study and 38 percent of the boys.

Homeless youth are typically older than runaways (age 17 versus 15). Most homeless youth have completed grade 10 or less. Their needs, which involve establishing independence, can not be met by short-term, crisis-oriented shelters which are set up to serve runaway youth. Some homeless youth are parents with or without children in tow. For most, the ties to their families have been severely damaged or permanently severed. While in some instances, family relationships can be salvaged, such efforts take time and intensive treatment.

The challenges faced by homeless youth include the need for temporary shelter, food, clothing and a source of income. For many of these homeless youth, criminal activity is likely to provide the only means of support. If homeless youth remain homeless for more than six weeks, the likelihood that they will assume permanent identities as street people and remain homeless for long periods increases dramatically (Michigan Network of Runaway and Youth Services, MNRYS).

It is difficult to accurately assess the number of homeless youth. This is particularly true in the case of older youth who often do not come to the attention of the public service network and are never counted.

A group of concerned providers were brought together by United Community Services of Metropolitan Detroit (UCS) in late 1988. Through monthly meetings, they explored the scope of the homeless youth problem and developed strategies to help these youth. Without additional support, these young people face intensified problems and overwhelming risk.

While this is a national problem, this report focuses primarily on youths age 15-19 in Wayne, Oakland, Macomb counties and, where data is readily available, Washtenaw County.

II. DESCRIPTION OF TERMS

Runaway shelters provide a temporary haven to runaway youth. The Michigan Network of Runaway and Youth Services estimates that there are 27,000 runaway youth in Michigan at any given time.

A runaway is a young person who is away from home temporarily without parental or caretaker permission. Youth must receive parental consent to enter a runaway shelter. If they refuse to involve the family, they cannot be accepted by the shelter for admission.

Twenty-nine private, non-profit organizations, including a toll-free runaway hotline (RAPLINE), are members of the Michigan Network of Runaway and Youth Services (MNRYS). MNRYS was established with the enactment of Michigan Public Act 154 in December 1973. In the Detroit area, 1,283 youth received face-to-face services from one of eight area programs. Of those served in 1988, 557 were "runaways."

A potential runaway is a youth who is still in the home, but is threatening to leave.

Runaway shelters encourage young people to contact them before their situation reaches the point of their leaving home. Early intervention could possibly prevent the breakdown in the family unit. Programs have a much greater success ratio for reunifying families when early intervention occurs. In 1988, 32 percent (416) of calls received at programs or centers were from potential runaways. (See Appendix Table II)

Homeless youth are youth who have no parental, substitute foster or institutional home (MNRYS).

Homeless and **throwaway** are used to denote youth of any age who have no home to return to. They have been kicked out, pushed out, thrown-away and work to reconcile the family is not a viable alternative. In 1988, 204 youths served by Detroit area shelters were homeless. Over 600 individuals who were homeless for the first time contacted area agencies. (See Appendix Table III)

Other refers to situations that are not directly related to shelter; for example, suicide or health problems.

In 1988, over 11,000 individuals contacted Detroit area runaway and youth agencies for help. Callers that are in crisis but have needs unrelated to shelter are reported as "other." (See Appendix Table III)

III. STATEMENT OF NEED

Last year, 42,797 contacts were made to Michigan runaway programs — 4,740 youths received shelter and/or face-to-face counseling. The number of youth defined as "homeless" has increased. Michigan's six transitional living programs served 258 youths in 1988. Over 420 youths applied for these services, resulting in an almost equal number who had to be turned away.

More than 7,000 individuals in crisis call RAPLINE — Michigan's statewide runaway hotline — for help each year (7,338 in 1988). As of June 1989, over 5,000 calls had already been received by Rapline, indicating that the number will exceed 1988 figures. The number of homeless and runaway youth who need services has always been high, according to staff at Gateway Community Services. Recently Gateway, the organization which operates Rapline, has been doing more to advertise the hotline which results in an increased demand.

Approximately 12 percent of program beds are located within the metropolitan Detroit area. Over 28 percent of the calls received by Rapline come from the metropolitan Detroit area, including Washtenaw County.

- 15.3 percent Wayne County
- 5.1 percent Washtenaw County
- 4.2 percent Oakland County
- 3.6 percent Macomb County

In 1987, the Michigan Department of Social Services funded six independent living pilot programs throughout the state; two in the metropolitan Detroit area. Three additional independent living programs are funded through other sources. Altogether, 23 beds are available for homeless youth in transitional living programs in Macomb, Monroe, St. Clair, Washtenaw, Wayne and Oakland counties.

For metropolitan Detroit, the three programs listed below provide services specifically designed to meet the needs of homeless youth.

CHART A

Program	Clients Served	Clients Turned Away*	Turned Down Ineligible**
The Sanctuary, A Step Forward	27	88	134
Alternative for Girls	65	35	89
Ozone House, Miller House (Newly Opened)	6	3	

FY 1987-88 Data

*Turned away due to lack of space

**Youth presented substance abuse; mental and/or physical health problems; were teen parents; did not meet the age requirements and/or could not be served by the existing program.

Youth with children are often turned away from programs. Their needs can not be met by many programs and they have to be referred elsewhere. Other reasons why a youth might not be able to enter a program include substance abuse problems, mental and physical health issues, and not being age eligible.

In Michigan, 65 percent of shelter clients are female and 35 percent male. In 1988, 65 percent of youth served in Detroit area shelters were between the ages of 15 and 18.

Chart B

Intake to Michigan Runaway Service Programs

by Runaway Status: 1986 to 1988

Item	1988	1987	1986
RAP - Runaway Assistance Program:			
Number, total	1,965	1,713	1,940
Runaways	568	597	714
Potential runaways	665	604	1,036
Throwaways	149	139	36
Homeless Youth and other	583	373	154
Percent, total	100.0	100.0	100.0
Runaways	28.9	34.9	36.8
Potential runaways	33.8	35.2	53.4
Throwaways	7.6	8.1	1.9
Homeless Youth and other	29.7	21.8	7.9
Runaway Service Providers:			
Number, total	4,740	5,035	4,769
Runaways	1,849	2,049	2,017
Potential runaways	1,462	1,575	1,367
Throwaways	324	387	377
Homeless Youth and other	1,105	1,034	1,008
Percent, total	100.0	100.0	100.0
Runaways	39.0	40.7	42.3
Potential runaways	30.9	31.3	28.7
Throwaways	6.8	7.5	7.9
Homeless Youth and other	23.3	20.5	21.1

Analysis of statewide agency intake data (Chart C below) shows that the percentage of homeless youth served by Michigan's runaway programs increased from 7.9 percent in 1986 to 29.7 percent in 1988.

Chart C

Type of Youth Served at Detroit Area Runaway and Youth Services Agencies
Fiscal Years: 1988 and 1987

Type of Youth	Total	Alterna-tives for Girls	Casa Maria	Counter-point (YLC)	Cyera House	Macomb County Youth Care	Off the Streets	Ozone House	The Sanctuary
Fiscal Year 1988									
Total youth served	1,283	16	66	293	102	115	279	188	224
Runaway	557	0	25	135	50	61	176	58	102
Potential runaway	416	0	38	94	27	27	88	28	114
Homeless throwaway	204	16	2	35	14	11	65	57	4
Other	106	0	1	29	11	16	0	45	4
Fiscal Year 1987									
Total youth served	1,169	NR	72	262	81	136	262	142	214
Runaway	536		15	111	32	80	133	55	109
Potential runaway	369		51	70	42	33	76	15	82
Homeless throwaway	152		6	27	6	7	47	43	16
Other	113		0	54	1	16	6	29	7

Source: Michigan Department of Social Services,
Runaway and Homeless Youth Information Report.

In the Detroit area, the number of homeless youth served by programs increased 34 percent, from 152 in 1987 to 204 in 1988. The number of 17-year-olds served by Detroit area programs increased 55 percent, from 146 in 1987 to 226 in 1988.

Health Implications

Homeless youth have been shown to have a high incidence of malnutrition, physical and sexual abuse, infectious diseases (including pneumonia), and mental health problems including a disturbingly high rate of suicide (Alperstein 1988). A 1985 study of adolescents in youth shelters in New York City reported that almost half actually had contemplated suicide and that 30 percent were categorized as depressed (CDF). There is concern that the lifestyle of homeless and runaway youth place them at greater health risk than other teenagers. The main source of income for homeless adolescents (runaways and throw-aways) include illegal substances, pornography, and prostitution.

Sexually Transmitted Diseases

This population is at high risk for sexually transmitted diseases and diseases transmitted by sharing intravenous needles (e.g. hepatitis B and AIDS). In Michigan, rates of some STDs have increased, including syphilis, which has nearly doubled in the last three years (MDPH, 1989). The rise in STDs is largely among teens, adults in their 20s, prostitutes and people addicted to crack. Experts agree that teenage girls have the highest risk of all age groups for contracting one of the more than 25 sexually transmitted diseases. Chlamydia, thought to be the most common STD in the U.S., affects some four million Americans annually, but occurs at rates two to three times higher in teenagers.

Left untreated, STDs can cause infertility, cervical cancer, heart disease, permanent handicaps in offspring, and possibly AIDS, medical studies indicate. According to the Michigan Department of Public Health, 19 percent of all reported AIDS cases in Wayne, Oakland, and Macomb counties were among 20 to 29-year-olds. Given that the dormancy period for the HIV virus can be as long as ten years, many people with AIDS in their twenties contracted the virus in their teens (VDAC).

Teen Pregnancy

In 1987, there were 150,336 girls, 15 to 19 years old, in the tri-county area. In 1987, there were 16,914 pregnancies among tri-county teens age 15 to 19. Of those teens, 7,372 gave birth. Twenty percent of the births were at least a second child. The rate of low birth weight among infants is significantly higher for teens (112.7 per 1000 vs. 85.9 per 1000). Teens are more than twice as likely to lack prenatal care or have an inadequate number of prenatal visits. Fifty-seven percent of area teen mothers have less than a ninth grade education. (See Appendix Table XIII)

In 1988, 10,423 contacts were made to area shelters, runaway programs and other related services. Agency records show that 6,189 of these contacts were made by young women; 841 (13 percent) were served.

The 1989 "Facts at a Glance" from Child Trends, Inc., points out that, nationally, in 1987 teens had 472,623 babies, down from a total of 570,609 in 1977. The proportion of births occurring outside of marriage has continued to increase steadily during the 1980s, creating significant economic barriers. In 1987, nearly two-thirds of teen births were non-marital. If what appears to be a national trend continues in the tri-county area, we can expect 13,530 teen pregnancies in 1990. Twenty percent of live teen births (2,706) will be a second child. Moreover, we can expect that only 56 percent of all teen parents will finish school before they are 20 years old. We can expect them to receive substantially less prenatal care than is necessary.

There have been significant developments in the array of service systems available to assist teens. There are now three health centers available in area high schools where prevention and crisis intervention impact on teens. Pregnant teens can receive prenatal care through the Detroit Public Health Department and the health departments of Macomb, Oakland and Wayne counties. Pregnant teens can complete their high school education in programs created to insure that health and educational needs are met. Additionally, parenting skills are taught. Many programs make special efforts to include the male partner.

While there are services for both youth and the homeless there are too few which can address, comprehensively, the needs of a homeless teen parent, particularly single mothers. Over 65 percent of Michigan's homeless teens are female.

Department of Social Services has a special teen pregnancy initiative — community-based, teen-birth programs — aimed at prevention, education and special support services to teens and parents. The initiative includes peer counseling, group homes, and vocational training. In the event the teenage parent with child becomes homeless, the following services might be used:

1. Lula Belle Stewart Center, 3302 Monterey (6 teen mothers).
2. Booth Agency, 130 W. Grand Blvd., (20 teen mothers)
3. St. Vincent/Sarah Fisher, 27400 W. 12 Mile Rd. (14 teen mothers)
4. Marillac Hall, 27400 W. 12 Mile Rd., (25 prenatal)[1]

All are filled to capacity and each has a substantial waiting list of two to four months. The residential facility for teen parents in out-Wayne county, "Sunshine House" which was associated with the Lincoln Park Public Schools, closed last year.

Two adult homeless shelters which allow homeless females, including teens, with children overnight are Day House, 2640 Trumbull, telephone 963-4539; and Genesis House, 131 Stinson, telephone 832-2700. Furthermore, the facilities for victims of domestic violence allow minor mothers with children residence in some cases. In addition, there are numerous residential facilities which require referrals from DSS, the DPH, juvenile and criminal justice system. Wayne County Department of Social Services investigates cases of suspected abuse and/or neglect. Through a shelter network of agencies, the Department of Social Services provides care to youth age 17 and under who are placed under their supervision by the Juvenile Division of Probate Court.

Once youth are homeless and transient, they face new problems. The lack of a permanent address is a major hurdle to overcome. Attending school can be hampered by the lack of consent from a parent or guardian. Child care is an obvious dilemma. According to a recent UCS report, one out of four respondents to a homeless survey had trouble obtaining child care services.

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[1] In January 1989, the Outreach Program was started at Marillac Hall in Farmington to address the needs of pregnant and parenting teens up to age 20 who had not received services previously, or are not being reported in current service networks. From January through May, 366 clients were served. The overwhelming majority of requests come from Detroit and Wayne County and are for substitute housing (emergency shelter, referrals to pregnancy programs, or residences for mothers and infants). Eighty-three percent of the calls came from pregnant or parenting young women who were homeless.

III. THE HOMELESS AND RUNAWAY SERVICES THAT HELP

Michigan's statewide crisis hotline RAPLINE 1-800-292-4517 is a 24-hour, free, confidential service provided through funds from the Department of Social Services.

The State of Michigan provides about $5 million annually to fund 29 runaway centers or programs across the state. Six of the runaway centers are located within the geographic boundaries of Wayne, Oakland, Macomb and Washtenaw counties.

In recognition of the growing problem of homeless youth, the Michigan Department of Social Services provided $500,000 to fund six new programs statewide. They are Advisory Center, Grand Rapids; Every Women's Place, Muskegon; Bethany Christian Services, Fremont; The Sanctuary, Royal Oak; Gate Community Services, East Lansing; and Ozone House, Ann Arbor. Two other Independent Living Programs are Youth Living Centers, Inkster and Alternatives for Girls, Detroit, which are funded through other sources.

A great deal of energy in these transitional living programs is directed at nurturing, rebuilding self-esteem and image, and promoting positive placements in the community. Youth are helped to develop independent living and job skills.

Some of the problems and challenges the agencies who serve this at-risk population face include the following:

- lack of funding for programs and a need for more bed space;
- need of shelter space for pregnant teens and teens with children;
- critical shortage of services to address the problem of violent youth, youth with AIDS, mental illness and substance abuse;
- need for special attention to the growing need for substance abuse screening and treatment for those without insurance;
- need to increase vocational and educational services, job training and post-secondary opportunities;
- lack of parental involvement and adequate support systems;
- need for improved coordination of services;
- need for access to health and dental care; and
- transportation to any or all of the above.

In Wayne, Washtenaw, Oakland and Macomb counties, the following agencies serve this population.

A Step Forward (ASF), a program of the Sanctuary in Oakland County, is a supervised apartment-living shelter for teens 16 through 19 years of age. The goal of the program is to help homeless young people develop the skills, confidence and means to become self-supporting. Up to five youth can reside at ASF at any one time. Youth must find employment and work towards self-sufficiency. They then graduate to a semi-supervised apartment, with additional responsibilities. The major sources of support for the program include The Skillman Foundation, the Michigan Department of Social Services, and local churches and service clubs.

Alternatives for Girls in Detroit works with girls and young women, age 11-25, that are homeless, living on the street, and probably engaged in prostitution, substance abuse and other street activities that threaten their health and welfare. They also serve girls at-risk of involvement in unhealthy behavior. This prevention aspect of their program works with girls age five to 17. Alternatives for Girls also provides shelter for up to 12 girls, age 16 to 19, for up to six months in their transitional living program. Alternatives for Girls receives a wide range of support from the federal, state and local government and private foundations.

Miller House is a residential independent living program operated through Ozone House in Ann Arbor. They serve homeless 16 to 19 year olds, primarily from Washtenaw and Wayne counties. The co-ed group home provides family-like care for up to six youth, with each youth staying two to six months — depending on their needs. The residents develop their self-esteem and abilities to live independently through counseling and independent living skills workshops, peer support groups, educational tutoring, and work in the community. Upon graduation, youth are supported in maintaining their own apartments and furthering their educational and career goals. Miller House receives state funds, as well as support from the local community. The programs listed above also operate runaway centers.

Other programs which serve runaway youth and their families are **Off The Streets** in Detroit and **Macomb County Interim Care** in Warren. Other programs often accept eligible youth who are also homeless.

A significant number of homeless youth are served by runaway programs. **Off The Streets** served 65 homeless youth in 1988 and 47 homeless youth in 1987. In 1988, homeless youth represented 30 percent of the youth served by the agency. **Ozone House** served 57 homeless youth in 1988 and 43 in 1987. In 1988, homeless youth represented 44 percent of the youth served by the agency.

Youth Living Centers (YLC) served 35 homeless youth in 1988, 27 in 1987. Youth Living Centers is open only to youth referrals by the Department of Social Services.

Casa Maria, a program of the League of Catholic Women of Detroit, and **CYERA House** in Pontiac both provide non-residential counseling and supportive services to potential runaways and youth in crisis.

Paul is a success story. He recently turned 18 and is the youngest of five siblings whose mother died just before his 18th birthday. As devastated as Paul was by this death, it was only the first of several disappointments which would occur quickly to alter his life permanently.

Shortly after the death, Paul's alcoholic father lost control of his life and become a street person, unable to care for himself or for Paul. Two of the older siblings could not help since they had little control of their own lives due to histories of drug abuse, while the other two refused to assist Paul because of their own family difficulties.

Paul was referred and admitted to a Detroit area transitional living program. Under the guidance of program personnel, Paul secured and maintained employment, returned to high school, completed training in life skills, and participated in counseling designed to help him cope with his myriad problems.

When he was ready to move out on his own, and with the assistance of the transitional living program, Paul was able to secure housing with a roommate. He continues to work, attend school, and participate in counseling sessions at the Transitional Living Program (A Step Forward).

VI. STATE AND FEDERAL LAWS AND PROGRAMS

Michigan's Child Protection Law

Children under age 18 are protected under Michigan's Child Protection Law, Act No. 238, Public Acts of 1975. It is unlawful for a parent to refuse care for their child. It is a crime for children to leave home. Running away is considered a status offense — that is, a behavior which is against the law for a person under 18, but not illegal for an adult. But the reality is — it happens. The State Police Uniform Crime Reports for 1987 and 1988 show almost 1,200 runaway arrests for Wayne, Oakland and Macomb counties.

As of April 1, 1989, Michigan's Child Protection Law was amended so that Probate Court jurisdiction over neglected and abused children is extended from age 17 to 18. Previously, the court could not authorize a petition if a youth was age 17 or older; the Department could not place a youth age 17 without parental permission. This service gap is now addressed. To date, however, as with all new legislation the system is still "gearing up" to implement the changes. Problems include high case load ratios for Child Protective Services (CPS) intake workers. The CPS intake staff is responsible for confirming or refuting allegations of abuse or neglect. In Wayne County about 1,000 complaints of abuse or neglect are received each month. Over 47,000 reports of child abuse and/or neglect were studied last year in Michigan.

Even before the Child Protection Law was raised to age 18 Protective Services workers managed very high caseloads. All states are required to investigate reports of abuse and neglect within a certain time, usually 24 hours. "Who Will Care When Parents Can't", a recent study by the National Black Child Development Institute (NBCDI), reports that one-third of the state agencies involved in their study reported that they could not meet this objective for all cases. Agencies also had to prioritize cases for investigation. The lowest priority goes to neglect reports and reports where the child's age is ten or older. The rationale for lowered priority for the older child is that they are old enough to run away from an abuser (NBCDI).

Federal Programs

The Runaway Youth Act was enacted in 1975 as Title III of the Juvenile Justice and Delinquency Prevention Act. In 1980, the Act was expanded to address the needs of homeless youth, as well, and the Act was renamed the Runaway and Homeless Youth Act.

The Act was re-affirmed by Congress last year for another four years. In FY 1990, approximately $23 million was appropriated by Congress. An additional first-time appropriation of $5 million for "transitional" living programs for homeless youth was added.

The federal appropriation provides funds to centers and helps support shelter programs and provide supplemental services such as recreational and educational services, transportation, and assistance in locating suitable programs. The Act also funds the National Runaway Switchboard (1-800-621-4000).

In July 1987, the Urgent Relief for the Homeless Act (PL 100-77) was passed. This law contains nearly 20 provisions to address the needs of homeless people. Included in the provisions is a $4.6 million appropriation for the education of homeless children and youth. Michigan's share of the appropriation is $151,000. The law specifically authorizes the establishment of a state office of coordination and/or education for homeless children and youth.

Michigan's Licensing Rules and Regulations

Act 116 of Public Acts 293 is a state law established to "provide for the protection of children *under age 18* through the licensing and regulation of child care organizations." Act 218 of Public Acts of 1979 provides for the licensing and regulation of adult foster care facilities for persons *age 18 or older*.

Michigan's New Emancipation Law

As of April 1, 1989, Michigan enacted a new law relative to the ways a minor can also become an emancipated minor. Under the previous law, a minor could become an emancipated minor (considered to have the rights and responsibilities of an adult) in five ways. Four of those ways were by operation of law and remain the same in the new law Section 4 (2) (a) through (d). In addition, one of the ways identified in the old law was "if emancipated by a court of competent jurisdiction."

Prior to enactment of the new law, Act 403, which took effect on March 30, 1989, many of the locked-out youth of today faced a particular hardship. Although not yet 18 years of age, they had been put out by their parents with the admonition of "go try to make it on your own." These young people, lacking adult status, could not obtain public benefits, enter into contracts, enroll in school, obtain driver's licenses, find employment, and often couldn't get medical attention except in life or death situations.

This new law, hopefully, remedies that. Now the law clearly sates "an emancipation occurs by court order pursuant to a petition filed by a minor with the probate court . . ." This new law then establishes the procedure that must be followed and includes authority for the probate court to appoint legal counsel for the minor.

V. SUMMARY

There are no typical homeless youth. Situations and needs vary. Included in this population are pregnant youth, parenting youth, the emotionally unstable, substance abusers, foster care system graduates, and ex-offenders.

As young people pass through the grey area between childhood and adulthood, they are vulnerable to crime, exploitation and coercion. They sleep in cars, abandoned houses, or "couch hop" until they run out of friends. Sometimes, when young adults have run the gambit of living with friends, in garages, or in abandoned cars, they enter adult shelters by lying about their age. Many become prey to pimps and drug dealers. The FY 1989 Children's Defense Fund (CDF) believes that, like young people not in school, homeless youth are less likely to receive necessary health services and information about health risks, such as AIDS. Often having experienced a home environment of drug abuse, they are at high risk for substance abuse. A broad range of resources are necessary to address those needs. They will face an almost monumental challenge in competing in the school and work force. Without basic support they are unlikely to ever participate fully in acquiring independently basic human needs. Furthermore, they are at great risk of chronic diseases, including AIDS, sexual exploitation, engaging in substance abuse or remaining homeless and chronically unemployable.

Tony is a seventeen-year-old homeless youth. He has been living on the streets for the past six months. Tony has had several different jobs during this time, mostly at fast food restaurants, but is unable to keep them for long. It is difficult to hold down a job when one is homeless. Consider the obstacles: sleeping outdoors, little or no food, lack of health care, dirty clothing. Although Tony lived day-to-day by returning bottles and collecting money from strangers, many homeless youth meet up with more "streetwise" individuals and become involved in crime.

Tony has tried to go to homeless shelters, but was turned away because he is not old enough. He has tried to finish High School, but was not living with parents or a legal guardian, and thus was not able to enroll. Tony has also tried the Department of Social Services. Due to his lack of education, he was unable to read or understand the forms, and felt uncomfortable admitting this fact. Finally, an extremely frustrated and discouraged seventeen year old found his way to Ozone House.[2]

Homelessness is a growing problem. Hence, we must recognize that as the number of homeless people and families increase, youth trying to live independently will likewise grow. Older youth tend to be "hidden" due partly to their sense of alienation. Youth also fall between the cracks as they get confused about which system to turn to. Over the long run, preventive services is most cost effective. It costs taxpayers $22,000 to maintain an inmate in one of Michigan's prisons for one year. An eligible young adult would receive $5,544 in General Assistance payments in a year. A young mother of one would receive $8,892 in support annually.

The cost per client in Michigan's six transitional living programs range from $1,666 to $3,750 yearly (Children's Agenda).

Homeless youth programs need to focus their efforts in several directions in order to succeed. Aggressive outreach in conjunction with education, prevention and training programs would begin to systematically address the needs of this population. Without these services, Michigan's homeless adolescents will face continuing difficulties which could lead to a permanent state of homelessness. As such, they would become a persistent drain on the state's resources.

[2] Ozone House is in Ann Arbor. Presently, 20 percent of the youth they serve come from Wayne County because there are not adequate facilities in the county to serve them.

TABLE I

Age and Sex of Youth Served at Detroit Area Runaway
and Youth Services Agencies
Fiscal Years: 1988 and 1987

Item	Number		Percent	
	Fiscal year 1988	Fiscal year 1987	Fiscal year 1988	Fiscal year 1987
Age of Youth:				
Total youth	1,283	1,169	100.0	100.0
Under 12 years of age	16	9	1.3	0.8
12 years old	70	51	5.5	4.4
13 years old	160	139	12.6	11.9
14 years old	270	244	21.3	20.9
15 years old	255	295	20.1	25.3
16 years old	270	255	21.3	21.9
17 years old	226	146	17.9	12.5
18 years old	0	27	-	2.3
Not reported	16	3	...	...
Sex of Youth:				
Total youth	1,283	1,169	100.0	100.0
Female	853	777	66.5	66.5
Male	430	392	33.5	33.5

Source: Michigan Department of Social Services,
Runaway and Homeless Youth Information Report.

TABLE II

Selected Items on Youth Served at Detroit Area Runaway
and Youth Services Agencies
Fiscal Years: 1988 and 1987

Item	Number		Percent	
	Fiscal year 1988	Fiscal year 1987	Fiscal year 1988	Fiscal year 1987
Type of Youth Served:				
Total youth served	1,283	1,169	100.0	100.0
Runaway	557	535	43.4	45.8
Potential runaway	416	369	32.4	31.5
Homeless/throwaway	204	152	15.9	13.0
Other	106	113	8.3	9.7
Prior Living Arrangement of Youth:				
Total youth served	1,283	1,169	100.0	100.0
Parent/Legal Guardian	815	754	66.6	65.7
Jail or DSS institution	5	4	0.4	0.3
Independent living	50	47	4.1	4.1
On the run	58	85	4.7	7.4
Court/DSS community placement	105	111	8.6	9.7
Relative	74	59	6.0	5.2
Friend	43	33	3.5	2.9
Other	75	54	6.1	4.7
Not reported	58	22	...	...
Presenting Problems of Youth:				
Total youth served	(1,283)	(1,169)		
Parent/Youth	1,108	988	86.4	84.5
School problem	463	409	36.1	35.0
Sibling conflict	219	177	17.1	15.1
Peer problem	358	274	27.9	23.4
Drug/alcohol	175	106	13.6	9.1
Sexual	184	90	14.3	7.7
Other problem(s)	604	490	47.1	41.9

Source: Michigan Department of Social Services,
Runaway and Homeless Youth Information Report.

TABLE III

Contacts With Selected Youth Served at Detroit Area Runaway and Youth Services Agencies
Fiscal Years: 1988 and 1987

Type of contact	Total	Alterna-tives for Girls	Casa Maria	Counter-point (YLC)	Cyera House	Macomb County Youth Care	Off the Streets	Ozone House	The Sanctuary
Fiscal Year 1988									
Total contacts	(11,242)	NR	(225)	(2,293)	(469)	(1,298)	(2,910)	(1,253)	(2,794)
First time runaway	1,841		41	269	174	174	583	308	292
First time potential runaway	1,275		69	101	87	102	484	203	229
First time homeless youth	649		1	48	36	59	153	180	172
First time throwaway	238		4	38	8	18	107	40	23
First time youth facing other crisis ..	1,457		17	159	36	25	476	389	355
First time other juvenile defender	114		4	0	13	2	72	23	0
First time status offender	20		8	1	3	0	8	0	0
Fiscal Year 1987									
Total contacts	(12,015)	NR	(178)	(2,231)	(385)	(1,129)	(3,956)	(1,699)	(2,437)
First time runaway	1,393		19	267	65	152	353	246	291
First time potential runaway	1,012		42	214	67	114	299	128	218
First time homeless youth	640		3	25	20	65	201	169	157
First time throwaway	366		6	29	0	22	130	135	44
First time youth facing other crisis ..	1,514		17	240	4	37	209	696	311
First time other juvenile defender	40		0	1	2	1	6	27	3
First time status offender	70		5	5	0	2	0	58	0

Source: Michigan Department of Social Services,
Runaway and Homeless Youth Information Report.

TABLE IV

Presenting Problems of Youth Served at Detroit Area Runaway and Youth Services Agencies
Fiscal Years: 1988 and 1987

Presenting problems of youth	Total	Alternatives for Girls	Casa Maria	Counterpoint (YLC)	Cyera House	Macomb County Youth Care	Off the Streets	Ozone House	The Sanctuary
Fiscal Year 1988									
Total youth served	(1,283)	(16)	(66)	(293)	(102)	(115)	(279)	(188)	(224)
Parent/Youth	1,108	0	57	278	102	95	211	147	218
School problem	463	4	32	108	60	28	47	56	128
Sibling conflict	219	2	11	50	28	16	27	5	80
Peer problem	358	10	36	128	49	8	23	0	104
Drug/alcohol	175	10	9	23	16	11	7	53	46
Sexual	184	16	7	28	27	7	3	22	33
Other	604	16	12	185	8	22	8	129	224
Fiscal Year 1987									
Total youth served	(1,169)	NR	(72)	(262)	(81)	(136)	(262)	(142)	(214)
Parent/Youth	988		46	241	80	125	177	118	201
School problem	409		57	80	50	47	58	5	112
Sibling conflict	177		12	56	16	13	22	0	58
Peer problem	274		46	104	16	6	35	0	67
Drug/alcohol	106		3	21	10	12	10	17	33
Sexual	90		6	25	10	11	11	3	24
Other	490		2	148	3	37	61	40	199

Source: Michigan Department of Social Services,
Runaway and Homeless Youth Information Report.

TABLE V

Prior Living Arrangement of Youth Served at Detroit Area Runaway and Youth Services Agencies
Fiscal Years: 1988 and 1987

Prior living arrangement of youth	Total	Alternatives for Girls	Casa Maria	Counterpoint (YLC)	Cyera House	Macomb County Youth Care	Off the Streets	Ozone House	The Sanctuary
Fiscal Year 1988									
Total youth served	1,283	16	66	293	102	115	279	188	224
Parent/Legal Guardian	815	-	33	172	75	91	189	68	187
Jail of DSS Institution	5	-	0	1	2	0	0	2	0
Independent living	50	-	1	11	1	0	15	17	5
On the run	58	-	2	23	3	11	15	0	4
Court/DSS Community placement	105	-	1	42	5	4	38	8	7
Relative	74	-	3	24	7	3	21	4	12
Friend	43	-	0	13	3	1	1	25	0
Other	75	-	0	6	0	0	0	64	5
Not reported	58	16	26	1	6	5	-	-	4
Fiscal Year 1987									
Total youth served	1,169	NR	72	262	81	136	262	142	214
Parent/Legal Guardian	754		62	157	69	117	135	48	166
Jail of DSS Institution	4		0	0	2	0	0	1	1
Independent living	47		3	7	1	2	5	26	3
On the run	85		5	17	1	10	34	7	11
Court/DSS Community placement	111		1	42	1	7	47	7	6
Relative	59		0	17	2	0	25	4	11
Friend	33		0	9	4	0	7	8	5
Other	54		0	8	0	0	0	41	5
Not reported	22		1	5	1	-	9	-	6

Source: Michigan Department of Social Services,
Runaway and Homeless Youth Information Report.

TABLE VI

Sex of Youth Served at Detroit Area Runaway and Youth Services Agencies
Fiscal Years: 1988 and 1987

Type of Youth	Total	Alternatives for Girls	Casa Maria	Counterpoint (YLC)	Cyera House	Macomb County Youth Care	Off the Streets	Ozone House	The Sanctuary
Fiscal Year 1988									
Total youth served	1,283	16	66	293	102	115	279	188	224
Female	853	16	41	213	74	82	160	115	152
Male	430	0	25	80	28	33	119	73	72
Fiscal Year 1987									
Total youth served	1,169	NR	72	262	81	136	262	142	214
Female	777		49	191	48	93	165	81	150
Male	392		23	71	33	43	97	61	64

Source: Michigan Department of Social Services, Runaway and Homeless Youth Information Report.

TABLE VII

Intake to Michigan Runaway Service Programs by Agency: 1986 to 1988

Agency	1988	1987	1986
RAP - Runaway Assistance Program ...	1,965	1,713	1,940
Runaway Service Providers, total ...	4,740	5,035	4,769
Alternatives for Girls	16	-	-
ARK, Catholic Family Services of Kalamazoo	196	201	247
Bridge for Runaways	299	339	326
Casa Maria Family Services	66	72	53
Choice	141	120	123
Cory Place, Coordination of Runaway Youth	135	118	110
CYERA, Children, Youth Equal Rights Advocate	102	81	104
Gateway Community Services	265	253	232
The Harbor	153	147	178
Innerlink, Saginaw County Youth Protection Council	385	449	464
Juvenile Division Programs and Runaway Services of Jackson County, Inc.	251	273	241
The Link Crisis Intervention Center, Inc.	228	278	297
Listening Ear Crisis Center, Inc. ..	59	75	71
Looking Glass, Bethany Christian Services	82	129	110
Macomb County Youth Interim Care Facility	115	136	143
Mecorta Osredo Youth Attention Center, Inc.	39	66	54
Montcalm County Runaway Program	43	63	NA

TABLE VIII

Intake to Michigan Runaway Service Programs by Agency: 1986 to 1988 - Con.

Agency	1988	1987	1986
OTS (Off The Streets)	279	262	NA
Ozone House	188	142	160
Project Rehab Runaway Prevention Services, Ionia Community Center ...	13	37	NA
Project: SODA (State Offender Diversion Alternatives)	171	229	238
Rainbow Services for Youth and Families, NE Michigan Community Service Agency	148	156	151
REACH, Genesee County Youth Corp. ..	356	417	417
Runaway Services, Family Services Division, Catholic Social Services of Monroe County	46	46	33
The Sanctuary	224	214	211
The Staircase Runaway and Youth Service Program	104	121	127
Third Level Crisis Intervention Center, Inc.	77	71	96
Webster House	233	243	238
Youth Emergency Services, Family and Children's Services of Midland	33	35	32
Youth Living Centers, Counterpoint .	293	262	313

Source: Michigan Network of Runaway and Youth Services, Annual Reports: F.Y. 1987-1988, F.Y. 1986-1987 and F.Y. 1985-1986.

TABLE IX

Intake to Michigan Runaway Service Programs by Sex: 1986 to 1988

Item	1988	1987	1986
RAP - Runaway Assistance Program			
Number, total	1,965	1,713	1,940
Male	627	551	NA
Female	1,338	1,162	NA
Percent, total	100.0	100.0	
Male	31.9	32.2	
Female	68.1	67.8	
Runaway Service Providers			
Number, total	4,740	5,035	4,769
Male	1,687	1,784	1,696
Female	3,053	3,251	3,073
Percent, total	100.0	100.0	100.0
Male	35.6	35.4	35.6
Female	64.4	64.4	64.4

TABLE X

Graduates of Michigan Independent Living Programs for Homeless Youth: 1988

Agency	1988
Bridge for Runaways, Homeless Youth Services	79
Gateway Community Services, Crossroads	36
Harbor, Youth 200 - Independent Living Project	NA
Looking Glass, Transition to Adult Program (TAP)	26
Ozone House, Inc., Miller House ...	3
The Sanctuary, A Step Forward	25
Webster House, Toward Independent Living (TIL)	8
Youth Living Centers, Inc., Supervised Independent Living (SIL)	NA

Source: Michigan Network of Runaway and Youth Services, Annual Report F.Y. 1987-1988.

TABLE XI

Total Population and Population 5-19 Years of Age, Michigan and Detroit Area: 1980, 1985, 1990 and 1995

Area	1980	1985	1990	1995
Michigan:				
Total population ...	9,262,078	9,170,271	9,387,715	9,585,603
Population 5-19 years of age	2,430,271	2,167,842	2,060,939	2,071,151
5-19 years of age as % of total	26%	24%	22%	22%
Detroit Area:				
Total population ...	4,044,284	3,919,851	3,932,546	3,943,430
Population 5-19 years of age	1,038,616	909,370	832,990	811,970
5-19 years of age as % of total	26%	23%	21%	21%

Source: Michigan Department of Management and Budget.

TABLE XII

Total Population and Population 15-19 Years of Age,
Michigan and Detroit Area: 1980, 1985, 1990 and 1995

Area	1980	1985	1990	1995
Michigan:				
Total population ...	9,262,078	9,170,271	9,387,715	9,585,603
Population 15-19 years of age	901,277	777,755	709,940	666,622
15-19 years of age as % of total	10%	8%	8%	7%
Detroit Area:				
Total population ...	4,044,284	3,919,851	3,932,546	3,943,430
Population 15-19 years of age	373,085	325,040	288,809	255,662
15-19 years of age as % of total	9%	8%	7%	6%

Source: Michigan Department of Management and Budget.

TABLE XIII

Selected Social Indicators
Total Female Population and Female Population 15 to 19 Years of Age, Detroit Area: 1985, 1986 and 1987

Indicator	1985	1986	1987
Total live births	57,081	58,637	60,591
Total pregnancies 15 to 19 years of age	14,676	15,470	16,914
Total live births 15 to 19 years of age	6,420	6,918	7,190
As a percent of total pregnancies 15 to 19 years of age	43.7	44.7	42.5
Low birth weight			
All ages, total	4,582	4,897	5,207
Rate per 1,000 births	80.3	83.5	85.9
15 to 19 years of age	690	699	810
Rate per 1,000 births	107.5	101.0	112.7
Inadequate number of prenatal visits (less than 6), or no prenatal care			
All ages, total	3,202	3,467	3,634
Rate per 1,000 births	56.1	59.1	60.0
15 to 19 years of age	871	961	879
Rate per 1,000 births	135.7	138.9	122.3
Mothers with less than 9th grade education			
All ages, total	1,349	1,311	1,391
Rate per 1,000 births	23.6	22.4	23.0
15 to 19 years of age	370	337	410
Rate per 1,000 births	57.6	48.7	57.0
More than one birth, 15 to 19 years of age	1,253	1,392	1,481
As a percent of all births, 15 to 19 years of age	19.5	20.1	20.6

Sources: Michigan Department of Public Health

TABLE XIV

Referrals to Department of Social Services
for Child Abuse and Neglect,
Michigan and Detroit Area by County: FY1984, FY1985, FY1986, FY1987 and FY1988

Area	FY1984	FY1985	FY1986	FY1987	FY1988
Michigan, total referrals	40,210	42,982	49,367	49,392	47,934
Substantiated referrals	15,374	15,615	18,156	16,309	15,964
As percent of total referrals ...	38	36	37	33	33
Detroit Area, total referrals	14,484	15,741	18,235	18,081	17,934
Substantiated referrals	5,714	6,074	6,615	5,790	6,154
As percent of total referrals ...	39	39	36	32	34
Macomb, total referrals	1,976	2,159	2,459	2,784	2,727
Substantiated referrals	813	774	1,037	1,010	877
As percent of total referrals ...	41	36	42	36	32
Oakland, total referrals	3,288	3,575	3,856	3,623	3,686
Substantiated referrals	1,577	1,640	1,548	1,258	1,423
As percent of total referrals ...	48	46	40	35	39
Wayne, total referrals	9,220	10,007	11,920	11,674	11,521
Substantiated referrals	3,324	3,660	4,030	3,522	3,854
As percent of total referrals ...	36	37	34	30	33

Source: Michigan Department of Social Services.

TABLE XV

Children Under Court Jurisdiction,
Detroit Area by County: 1986, 1987 and 1988

Area	End of Year, 1986			End of Year, 1987			End of Year, 1988		
	Total Delinquency & Neglect/ Abuse	Delinquency	Neglect/ Abuse	Total Delinquency & Neglect/ Abuse	Delinquency	Neglect/ Abuse	Total Delinquency & Neglect/ Abuse	Delinquency	Neglect/ Abuse
Detroit Area, total	11,882	3,373	8,509	15,303	5,228	10,075	17,202	6,167	11,035
Macomb County	685	452	233	910	634	276	829	539	290
Oakland County ...	1,492	863	629	1,498	925	573	1,578	951	627
Washtenaw County .	387	97	290	561	442	119	557	426	131
Wayne County	9,318	1,961	7,357	12,334	3,227	9,107	14,238	4,251	9,987

Source: State of Michigan Probate Court.

TABLE XVI

High School Drop Outs, Michigan and Detroit Area: 1980-81 and 1985-86 (Grades 9-12)

Area	1985-86		1980-81	
	Rate	Number	Rate	Number
Michigan	5.8	27,804	5.6	31,463
Detroit Area	7.5	14,901	5.9	13,904
Macomb County	4.7	1,854	4.0	1,987
Oakland County ...	4.9	2,627	5.3	3,386
Wayne County	9.9	10,420	6.9	8,531
Detroit City ...	15.4	7,537	9.1	5,041
Remainder of county	5.1	2,883	5.1	3,490

High School Drop Outs by Sex, Detroit Area by County: 1985-86

Area	Male		Female		Total	
	Rate	Number	Rate	Number	Rate	Number
Detroit Area, total ...		8,461		6,440	7.5	14,901
Macomb County	5.5	1,087	3.8	767	4.7	1,854
Oakland County	5.6	1,540	4.2	1,087	4.9	2,627
Wayne County	11.4	5,834	8.5	4,586	9.9	10,420
Detroit City	18.3	4,153	12.9	3,384	15.4	7,537

Source: Michigan Department of Education.

STANDARDS FOR HOMELESS YOUTH PROGRAMS

Licensing

All programs serving homeless youth shall comply with any and all applicable licensing regulations. Licensing regulations require that a child be enrolled in an educational program within five (5) days after admission.

Intake

Individual intake criteria will be established by the individual programs, however, a thorough investigation of the youth's family background, possible familial reunification, and the availability of mandated services shall be thoroughly investigated prior to admission. A psychosocial assessment shall be required within seven days of intake into a program.

Counseling

Counseling shall be a key component of the services provided to homeless youths. Provided by a trained, degreed professional and focused on establishing treatment goals, program participation goals, and resolving the family separation and emancipation issues.

Treatment goals shall be established within seven days of admission into the program, and renewed every 15 days. A minimum of one hour weekly counseling shall be offered to all youth served by a homeless youth program. Referrals for in-patient treatment, intensive, long-term therapy shall be made for all young people requiring expanded treatment services.

Training

Ongoing, daily training sessions designed to promote self-worth and skills development shall be required at all homeless serving agencies.

Aftercare

After-residency services shall be available to all graduates of a homeless youth project and shall focus on continued self-sufficiency, legal employment and safe housing, for a minimum of one year following the termination of residential services.

Goals

The goals of all homeless youth serving agencies shall be the establishment of legal employment, safe housing and improved self-esteem of all youth served residentially.

Source: Child Welfare League of America

L.O.V.E.S.
LIVINGSTON OUTREACH VOLUNTEER EMERGENCY SHELTER
314 E. CLINTON ST., HOWELL, MI 48843

March 23, 1990

Senator Donald W. Riegle Jr.
Banking Housing and Urban Affairs Committee
United State Senate
Washington, D.C. 20510

RE: Homeless Written Testimony

Dear Senator Riegle:

Two years ago Livingston County service providers formed a Housing Task Force in order to address the housing problems of Livingston County residents. From this task force a subcommittee was formed to zero-in on homelessness in Livingston County. This committee initiated, with the help of the area churches, a homeless shelter. We have been in operation now for 2 years and have been very successful. However the needs of the homeless do not stop because they have been sheltered and fed. Below are concerns and recommendations that we feel might be useful to your committee when reviewing solutions and programs designed to help the homeless.

1 - Low income housing is nonexistent in Livingston County. Why?

2 - Older Americans are being taxed out of their homes due to an affluent influx of middle-class residents. Hence, seniors and the working poor face a real danger of homelessness.

3 - Due to rising costs brought on by an expanding Livingston County population, housing is at a premium. The working poor cannot afford appropriate housing.

4 - Livingston County with it's limited job base place the untrained at risk. Therefore there are real concerns that people born and raised in Livingston County may be financially unable to remain here.

5 - The majority of the homeless need mental counseling, along with drug and alcohol intervention. They also have a need for financial counseling, since many of them have no concept of budgeting any money they may earn.

page two

6 - For those employed homeless people to acquire a rental involves a substantial security deposit. Most cannot meet this requirement. Establish a fund to assist with this initial outlay.

7 - Transportation is the key to a continuance of employment. Therefore it is essential that the working homeless be provided a means of transportation.

8 - Education and job training is essential because many of the homeless are illiterate.

Thank you for your consideration.

The L.O.V.E.S. Board

Anna Lou Ericson
Chairperson
Livingston County Department of Social Services

Chuck Lindquist
Vice-Chairperson
McPherson Substance Abuse Treatment Center

Gloria Winchel
Secretary
Brighton First Presbyterian Church

Vita Licata
Treasurer
Oakland Livingston Human Service Agency

VL/ag

3-22-90

To the Honorable Governor Blanchard

we, the homeless of livingston County, want to express our concerns about our circumstances and our needs.

we thank you for the efforts on the parts of our State Government services to help us and for those private donations such as the LOVES program which provides temporary shelter, food and clothing.

We feel, however, that more assistance is necessary especially in terms of obtaining permanent individual residence. Currently, the cost of renting a room is prohibitive, particularly the high deposit fee (first and last month's rent, security deposit, etc.)

If we could receive monies or waivers to deal with this, we feel it would help immensely

We would gladly come and speak with you or welcome you to come and share with us.

We humbly ask you to acknowledge our request.

Thank you for your Consideration.

Respectfully,

Regina M. O'Lone
Tricia Saffion
Mr. Timothy L. Bowen
Mr. Frederick R. Cossitt
S Cruse
D Gayle
B. Collins
Eric Jay Walls
Dennis M Snow

CABLE: "UAW DETROIT"

Solidarity House
8000 EAST JEFFERSON AVE
DETROIT MICHIGAN 48214
PHONE (313) 926-5000

INTERNATIONAL UNION, UNITED AUTOMOBILE, AEROSPACE & AGRICULTURAL IMPLEMENT WORKERS OF AMERICA—UAW

OWEN F. BIEBER, *PRESIDENT*
BILL CASSTEVENS, *SECRETARY-TREASURER*

VICE-PRESIDENTS ODESSA KOMER • ERNEST LOFTON • STAN MARSHALL • STEPHEN P. YOKICH

March 26, 1990

My name is Tom Snover, I am Director of UAW Community Services, International Union, UAW.

We appreciate the opportunity to present our concerns and give input to your Committee hearing. I also bring you greetings from President Owen Bieber and his executive board.

We in the labor movement have been very concerned about the homelessness problem in America. I do not want to be redundant and present facts and figures that have already been submitted.

We have prepared material that I will submit to your secretary concerning our resolutions with regard to solutions to this grave problem.

Many factors of American society have caused our problems, and just getting shelter will not answer the problem. Mental illness, substance abuse, better wages and must more needs to be addressed.

The International Union, UAW calls for:

* Congress must direct the Secretary of Housing and Urban Development to ensure an adequate supply of decent low-rent public housing for the poor, as well as to provide sufficient funds to maintain and repair existing units.

* The McKinney Homeless Assistance Act must be reauthorized and funded so that the new programs provided by the Act -- for basic shelter, food, health care, and others -- can be carried out.

* Localities should develop their own programs to ensure needed services for families that become homeless, especially help in finding and securing permanent housing as quickly as possible, adequate shelter space for families with children so that they do not have to choose between separation and shelter, and prompt referrals to crucial services such as health care, child care, job search and education assistance.

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A progressive housing program should stop the destruction of low-income rental housing. At the very least, a formula should be established requiring developers who tear down low-income housing to help fund construction of new low-income housing.

* Homeownership should be encouraged by lowering the cost of the first home purchase for low and moderate-income households through federally-sponsored and regulated programs and institutions.

* A portion of the federal government's assistance for housing should be redirected. Upper income people receive a disproportionate share of federal tax preferences for homeownership; there is room to curb excessive deductions and other tax breaks accruing to wealthier homeowners.

* Congress must take steps to ensure that savings and loan associations restore the orderly supply of credit for affordable housing that they once provided.

* Congress should consider legislation to allow, within strict safeguards, the investment of pension funds in construction of moderately-priced housing.

* Federal laws against discrimination in housing must be strengthened by prohibiting discrimination against families with children.

The UAW supports these actions and has also acted in the following ways:

* **Endorsed the October 10, 1989 "Housing Now" March on Washington.**

* **Lobbied to restore $25 million cut from Federal Housing Budget.**

* **Encouraged lowering of costs on first home purchase for low and moderate-income households.**

* **Encouraged the homeless to be counted in the 1990 Census.**

* **Local 31 renovated its former union hall into Kansas City's new Rebound Center as a shelter and self-help facility for the homeless.**

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Statement by the AFL-CIO Executive Council

on

Affordable Housing for Families and Homeless Americans

February 21, 1989
Bal Harbour, Florida

For many Americans and their families, decent housing is an unattainable dream. New home prices have been driven up by high interest rates and soaring land prices while wage rates of potential buyers have lagged behind rising costs. This combination has put homeownership out of the reach of many working families in parts of the country. Renters are also feeling the crunch as they find themselves forced to commit increasing portions of their incomes to housing costs.

Throughout the 1980s, slashes in programs to provide for federally-backed construction of lower rent public housing coincided with the increase in the numbers of poor Americans.

Many American communities now face the dilemma of homeless people, including some who have jobs but cannot afford the cost of living where they work. In its annual survey of homelessness in major cities, the United States Conference of Mayors found that requests for emergency shelter increased by an average of 13 percent last year, and officials in nearly every city surveyed expect the need to be even greater in 1989.

Adequate programs to address these critical problems should be included in the federal budget and addressed in federal policies.

Those programs should include support for labor-affiliated and other non-profit organizations that are working to provide for construction of badly needed rental and homeownership opportunities for moderate-income families. Yet the Reagan 1990 budget would kill these recently authorized Nehemiah housing opportunity grants, rescinding the $20 million in funds for the program.

The Reagan Administration's only budget proposal was the very expensive option of vouchers for low-income rental housing while providing only limited assistance for new construction of housing for lower-income families.

In many areas, there is not enough low-income housing for vouchers to be used. Over the long run, the government saves more money by providing housing assistance through publicly-owned housing than through privately-owned housing that requires more and more subsidies to keep up with rents that rise with inflation.

The AFL-CIO notes that the Bush Administration has already taken a positive step in restoring the cuts in the McKinney grants for emergency help to the homeless. We urge the Department of Housing and Urban Development to play an active role in developing programs and policies to assist homeless Americans.

The AFL-CIO calls on the Administration and Congress to:

* Fully fund and implement the Nehemiah housing opportunities program so that it can begin operating as scheduled on July 1st of this year. In order to give this plan for homeownership assistance a fair test, it should be continued for at least a year beyond the program authorization expiration date of September 30, 1989.

* Continue and expand assistance to federal programs which provide aid for new construction of units for poor, elderly, disabled and homeless Americans. In particular, assistance for the construction of additional low-rent public housing units should be included.

* Enact the "Permanent Housing for Homeless Americans Act of 1989" to add to and preserve housing that can be used to house the homeless.

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Statement by the AFL-CIO Executive Council

on

March for Housing Now

May 3, 1989
Washington, D.C.

Millions of American families, in cities and rural areas alike, are the victims of the nation's critical shortage of decent, affordable housing. For many low- and middle-income families, the price of buying or renting an adequate place to live in a clean, safe neighborhood is beyond their reach.

More than two million Americans, including some 220,000 school-age children, are homeless. Their need for housing continues to go largely unmet as federal programs for construction and renovations of public housing were gutted throughout the 1980s.

To help focus the attention of the nation, the President and Congress on the need for federal programs to help end the housing shortage, the AFL-CIO is joining in a call endorsed by some 50 organizations for a march and rally in the nation's capital.

The march and rally for "Housing Now!" will be held in Washington, D.C., at 12 noon on October 7, 1989.

The AFL-CIO Executive Council calls on all affiliates to join in supporting the march and to urge their members to participate in this demonstration to reaffirm the nation's commitment to decent, affordable housing and an end to the suffering of the homeless.

###

CITY OF ANN ARBOR, MICHIGAN
100 North Fifth Avenue, P.O. Box 8647, Ann Arbor, Michigan 48107
Phone (313) 994-2912

Community Development

On behalf of the City of Ann Arbor, I would like to thank Senator Riegle for sponsoring the hearing on homelessness and for the opportunity to submit written testimony about the problem of homelessness in the City of Ann Arbor. Representatives of local human service agencies can tell you of their day to day struggles to provide shelter to homeless families and individuals.

The homeless people present here and on the streets of Ann Arbor can testify to their endless struggle to secure permanent housing in a community with average monthly rents in 1968 of $512 while living on minimum wage or public assistance.

I would like to mention the impact on a local government trying to balance the forces of healthy growth, dynamic development and the need to assure a balanced housing supply for all residents. During the past several years, new developments have not been affordable. There has been no viable incentives for developers save the low income housing tax credit. The city has responded by providing $700,000 in City funds for a 63 room addition to our Y while also guaranteeing another $1,640,000 in financing to make the project go.

This year the city is spending $157,000 in City funds to assist our providers in sheltering the homeless and preventing evictions. Another $67,000 is being spent on emergency food programs. We recognize these are not nearly adequate but since our Community Development Block Grant funding has been reduced nearly $1,000,000 annually since 1980, much goes undone.

Housing must remain a top federal priority and we ask your support on behalf of Ann Arbor and all local governments to expand the federal government's role so that homelessness can become a memory of the 1980s and not a part of the 1990s.

Eileen Ryan
Community Development Director
City of Ann Arbor

March 26, 1990

THE UNIVERSITY OF MICHIGAN
SCHOOL OF SOCIAL WORK
ANN ARBOR, MICHIGAN 48109-1285

HAROLD R. JOHNSON, DEAN

April 4, 1990

Senator Don Riegle, Jr.
Attn: Cecelia Walker
1850 McNamara Building
Detroit, MI 48226

Dear Senator Riegle,

Thank you for the opportunity to comment regarding Senate Bill 566, The National Affordable Housing Act. I was unable to attend the hearing at Mercy College on March 26, and would like to submit the following testimony. Supplementary documents are attached:

As a social worker, a gerontological researcher, a scholar, and a citizen I can think of nothing more critical at this time than that our nation immediately begin do everything in its power to curb the deadly hemorraghe of our supply of housing for poor people. I think it is imperative that legislation be in the form of an omnibus type of bill like this, and that it establish housing as a universal right for all Americans.

I think the highest priority, however, should be focused on Title VI of the bill, Low-Income Public Housing. I am most familiar with the growing housing shortages in Chicago. In 1987 the deteriorating Chicago Housing Authority had over 40,000 persons on a waiting list, for units in a system with only 40,840 units. At that time, 4,666 of those units were vacant and uninhabitable because fiscally the CHA was near collapse. By 1988, 6,218 units were vacant. In my research on 475 elderly clients of the City's Emergency Services program, I found that from 60 to 75% of the emergencies experienced by old people were housing related. Old persons we interviewed who were willing to move invariable told us they wanted to move to CHA. The reality is that in Chicago, as in Michigan and everywhere else, most of those waiting seniors will be long dead before the housing proposed in S566 can come on line. A random survey of eight housing authorities in South Eastern Michigan which we conducted recently found that six of these had closed their waiting lists completely for senior citizens, and the other two had waiting lists of 3 to 4 years. Our local housing authority in Ann Arbor rarely even answers their telephone!

In Chicago we found that old persons who did not express willingness to move were likely to be displaced anyway, because of the pressures of development and gentrification, or crime. Chicago is losing over 1,000 units per year single room occupancy hotels. Indeed, in the year since I interviewed persons at 12 hotels, two of these hotels have had devastating fires, including one South Side hotel that was burned to the ground. When this cheap market housing is gone, it is gone permanently.

It is a national disgrace that in the 1980s we have let our nation's housing agency, HUD, be virtually destroyed, going from a budget of some #32 billion to $7.1 billion. The connection between this and the exponential growth in homelessness during the same period should be obvious to even the skeptics. At the rate we are going, it has been estimated that by 2003 we will have 18 million homeless Americans.

However, please remember that it is "not being able to afford a home" that makes persons homeless--not mental illness, age, alcoholism, or any number of pathologies that tend to be found among homeless persons. All persons need a home first, then help of various sorts. I am especially concerned to see the increasing commitment made nunder the McKinney Act at this late date to fund services and shelters which will further institutionalize and alientate homeless persons from the mainstream of our society. Such target public expenditures are deceiving when they are made in the name of subsidized housing, however. It gives the impression we are "serving" the homeless, when in fact, we are going "them" no favors.

In some cases we are actually establishing prioritiets for a category of persons, Housing for Persons with Special Needs, which will create eligibility determination nightmares. Although we cannot define such categories very clearly, they will undoubteedly allow some persons to displace others who have been on waiting lists for years. Please do not force various groups of low-income persons to compete against each other for so little. These persons all need homes; shelters are homes to no none. Unless housing is a right, shelters simply function like the old poor house, as a deterrent to scare people from turning to the government.

I may have missed it in this bill, but I believe you have overlooked the most basic inequity in federal housing programs today, the mortage interest and tax deduction. This tax break is available to millions of Americans, but it basically benefits those who already have money. Despite the Tax Reform Act of 1986, according the Congressional

Budget Office in FY 1991 federal revenue losses will amount to over $60 billion for housing related credit (deductions for mortgage interest, $35.8, and real estate taxes, $8.9; deferral of capital gains on home sales, $11.6, and exclusion of capital gains on person 55 and over, $3.9). This compares to the pitiful $15 billion expended for subsidized housing. I agree withthe sentiment I saw expressed on a T-shirt on a homeless man in Chicago. "HOME--EVERYBODY GETS ONE BEFORE ANYBODY GETS TWO."

Best wishes as you work for passage of this bill. It, and much, much more, are desperately needed.

Sincerely,

Sharon M. Keigh

Sharon M. Keigher, Ph.D.
Assistant Professor

Attachments
Editorial
Chicago Newspaper
Exec Sum HRE
Working Paper UM
Asylum Paper

A PRELIMINARY STUDY OF ELDERLY EMERGENCY SERVICE CLIENTS IN CHICAGO AND THEIR HOUSING RELATED PROBLEMS

Sharon M. Keigher, Ph.D.
Assistant Professor of Social Work

89-90-02

School of Social Work
University of Michigan
Frieze Building
Ann Arbor, MI 48109-1285

December 1989

This research was supported by the Gerontological Society of America Post Doctoral Fellowship Program in Applied Gerontology. Appreciation is extended to staff of the Chicago Department of Human Services and Department of Aging and Disability for their generous assistance and cooperation.

An early version of this paper was presented at the meetings of the Society for the Study of Social Problems in Atlanta, August 1988.

A PRELIMINARY STUDY OF ELDERLY EMERGENCY SERVICE CLIENTS IN CHICAGO AND THEIR HOUSING RELATED PROBLEMS

Abstract

In Chicago, as in other major cities, homelessness has grown dramatically in recent years. Among the elderly a connection can be found between homelessness and other housing hardships in the kinds of emergencies to which city agencies respond. This paper reviews some disturbing trends and then examines a random sample of 125 case records of elderly clients who were assisted by the Chicago Department of Human Services Emergency Services program between 1984 and 1987. It asks: Who experiences need for emergency services? What is the extent of their housing related need? Why do some elderly use city shelters and how do their problems precipitate shelter use? Besides analysis of records, the investigator participated with and interviewed providers of service.

The sampled clients' extraordinarily broad range of service needs suggests the variety of problems major cities cope with. They were older and more likely to be minority than the city's aged population as a whole. A third came to the attention of Emergency Services because they were wandering the streets or lost, and nearly a third had stayed at a shelter for the homeless at least once. About one in six were considered "chronically undomiciled." The analysis compares the distinctive problems of those who have needed shelter with those who have not, identifying particular factors that characterize the housing problems of each.

The findings reveal the intensity of housing problems for the elderly and have implications for more effective client services. They underscore the importance of ongoing rather than emergency interventions with the elderly. Very old persons living alone without kin who experience crises appear to be at great risk of various personal dangers and pose growing dilemmas for city human service personnel.

GROWING HOUSING HARDSHIP AMONG THE ELDERLY

The number of elderly persons who are homeless is small relative to the the number of homeless younger people and families. It is significant, however, since homelessness has grown so dramatically in the 1980s and is expected to continue growing in the forseeable future (US Conference of Mayors, 1986 & 1987; National Coalition of the Homeless; Congressional Budget Office; Center for Budget and Policy Priorities). Among the elderly, homelessness appears to be increasing at least as fast as it is among younger population groups, and yet homelessness per se may be only the tip of the iceberg of housing problems in America.

Chicago, like other major cities, is being affected by some long term trends that should raise concerns about housing hardships of all kinds that affect the elderly. This paper reviews these trends and then examines a sample of older Chicagoans who have experienced a serious emergency that brought them to the attention of city agencies. Drawn from city agency client data files, the sampled clients' needs and service patterns suggest the nature of problems major cities are coping with. The data reveal a significant incidence of housing related crises and need for temporary shelter. Finally, the paper discusses the implications of these findings for more effective client services.

The Extent of Homelessness in Chicago

The Chicago Coalition on the Homeless estimated there were 25,000 homeless persons of all ages in Chicago in 1983, and the Chicago Task Force on Emergency Shelter that same year estimated there were 12,000 to 25,000 such persons (p.2). Peter Rossi's Chicago study (1987) estimated that in the winter of 1986 there were only 4-6,000 homeless persons at any one time. The widely varying estimates suggest that counting the homeless may be highly politicized.

Estimating the proportion of the homeless who are a given age is similarly tricky. Rossi noted that 19.4% of those living on the streets were over age 55. The City Department of Human Services records indicate that in 1987 there were 6,000 regular shelter users, of whom only about 6% were over age 55. The disparity among these proportions may indicate that the elderly are a greater share of those on the streets than those staying in shelters. A recent Institute of Medicine study (1988) indicates that the elderly have good reasons to fear shelters which they perceive as dangerous places (p. 15-17). It seems very likely that a greater proportion of the elderly are in need than are receiving assistance in shelters.

Several other studies of homelessness (Sosin, 1987, 1988; Hasleberger, 1987; Hannibal, 1984) indicate that older persons in Chicago are suffering the increase in homelessness at least as much as younger populations. Their difficulties appear to be less with finding housing (as is the case with young families) than with keeping and maintaining it independently. Declining physical mobility makes their plight less visible, and their higher rate of home ownership often masks the true proportions of chronically marginal living conditions. While the general economic status of the elderly has steadily improved throughout the 1970s and 1980s, the poor among the elderly appear to be worse off than ever. This has important implications as we consider the kind of interventions that will truly prevent housing loss among the elderly.

An Aging Population Amidst Urban Constraints

The average age in Chicago is increasing, especially among the elderly. People over age 60 represent an ever larger proportion of the city's population, and those over age 85, who are the most vulnerable to loss of familial support, income, and health, are the fastest growing subgroup among the elderly. The population of older blacks and other minorities is growing just as rapidly, and the proportion of blacks over age 85 is growing even more rapidly than for other racial groups (Kingson et al., 1986).

Ethnic sensitivity in housing is high in Chicago, a city notorious for its historically segregated neighborhoods. The Department of Aging and Disability recently identified at least fifty distinct ethnic groups among the elderly. Dislocated individuals and families are often limited to relocating near family and within certain ethnic boundaries. Ethnic traditions of family care and availability of non-employed potiential caregivers vary greatly. Ethnicity contributes to locally unique needs, housing stock, and community deficits. The supply of decent housing in the oldest and most deteriorated neighborhoods and of low income housing in neighborhoods which are gentrifying cannot keep up with the demand. Thus when families are available, the poor often co-reside, at least temporarily, in crowded conditions. On the other hand, families are not always capable of or available to care for and support the elderly. Families with the poorest incomes often have too little residential space or income, but frequently have the commitment and even the time to help out.

City Services for the Elderly

City agencies are not equipped to intervene substantially with older persons who do not ask for help, who have no family, or who do not go to senior centers and congregate meal sites. Yet, increasingly the reticent--who tend to be very old, poor, and living alone (Butler, 1975; Butler and Davis, 1986)--are in need of multiple services. Support for client autonomy and the right to be left alone is often raised as a justification for the state's complex and rather weak provisions for guardianship. Agencies are discouraged from intervening aggressively with even desperately ill and demented older clients who are uncooperative, at least partially because they lack legal backup and sufficient public housing resources.

For these reasons, as well as because of population growth, demands on city emergency human services appear to be increasing. Emergency service referrals of older persons increased dramatically in 1986 and 1987 (see **Figures 1a and 1b**) (Keigher, 1987). The shelter system in Chicago, which the city human service agency supports and which is relatively extensive and well developed, operates at more than full capacity between April and November, serving approximately 1 in 10 of the homeless by the city's estimates. But the city emergency service agency does not meet the needs of the general homeless population, much less serve the special needs of the elderly who are not easy to serve, and has consequently tried to involve the city agency on aging in providing more services to its elderly clients. Given their limited resources, city agencies serving seniors must evaluate how and to what extent to respond.

Adding to this pressure is the fact that the number of nursing home and psychiatric hospital beds to which mentally ill older people might be committed are limited and not likely to increase. The Illinois Department of Mental Health substantially reduced the number of custodial and treatment beds in state institutions over the last twenty years and the state Department on Aging instituted nursing home preadmission screening in 1982. With Medicaid support, it began funding home and community based services--home care, chore, and housekeeping services. Yet, these services were not designed to care for persons in emergencies who are either homeless, seriously confused, uncooperative, or otherwise unwilling to accept assistance. The aging network, like most social services, appears to respond more deliberately and decisively to abuse and neglected elderly persons than to those suffering from "self-neglect" or in need of decent housing. The city's capacity to respond to broad social problems is seriously constrained.

Loss of Affordable Housing Stock

The last, and probably most important trend, is that Chicago, like the rest of the nation , is losing the housing units which low-income individuals can afford. (Annual Housing Survey, 1985). This ominous pressure gradually imposes more systemic stress on poor and marginally functioning people. Units are being lost in both the market economy and in subsidized developments. Chicago has experienced a precipitous loss of Single Room Occupancy (SRO) and other low-income housing stock in recent years due to condominium conversion, gentrification, and razing by private developers as well as by the city itself. Hoch (1985) notes that 1,000 SRO units are being lost each year, and if that trend continues, SROs in Chicago will completely disappear by about 1995. The city Department of Planning (December 1987, p. iv) notes that between 1973 and 1984, approximately 18,000 units of housing in SROs and other low-income structures with small dwelling units were removed from the housing supply.

During this same period some 17,000 units of subsidized senior housing was added to the city supply, and the population living in nursing homes increased from 24,202 in 1970 to 37,573 in 1980. These publicly subsidized structures absorbed much of the growth in the elderly population during the 1970s, even as the supply of market available stock stagnated. (Department of Planning, 1987, p. 34)

But with preadmission screening in the 1980s, the supply of nursing home beds in Chicago has contracted. Private markets are producing less and less affordable housing as the elderly population continues to grow. Federal outlays for development and maintenance of subsidized housing have been curtailed by a dramatic 80% in the 1980s (National Housing Task Force, 1988, p. 6). The budget for Housing and Urban Development shrank from $32 billion in 1981 to $7.1 billion by 1987, with the agency at an all time low for ineffectiveness with scandalous reports of fraud and waste revealed in 1989. Chicago itself has further stimulated market loss of low-income housing by granting zoning variances, tax breaks, and outright subsidies to builders, because of its interest in neighborhood economic development. Finding affordable housing for the lowest income elderly is increasingly difficult.

As a result, very old people who are poor and who live alone present a distinct challenge to agencies trying to manage their problems. Because of these trends, Chicago officials expect to see increasing homelessness among the elderly in the next few years. Among other things, alleviation of homelessness and housing problems will require a better understanding of their victims.

This paper, then, asks three questions: Who are the elderly in Chicago who come to the attention of the city emergency service agency? What is the extent of their housing related needs? Why do some of them use city shelters and how do their problems precipitate shelter use? The paper analyzes a sample of case files randomly selected from a city agency data base of elderly persons who have been assisted in emergencies and have a broad range of putative needs, some of whom are particularly at risk of losing their housing. To identify particular factors that characterize housing problems among the elderly, it compares those who have needed shelter with those who have not. After analysis of the problems identified, the paper discusses the relevance of emergency services to homelessness and other housing related problems and the implications of such service for prevention.

USING SERVICE-BASED DATA TO ASSESS THE HOUSING NEEDS OF THE ELDERLY

The present study was conducted during the summer of 1987 under sponsorship of the Chicago Department on Aging and Disability (DAD) and Department of Human Services (DHS), two agencies with a growing responsibility for the housing and relocation problems of the elderly. DHS purchases emergency shelter care for the indigent, contracting with two specifically designated shelters for the elderly, as well as with regular shelters, motels, and transient hotels. Its division of Emergency Services (ES) is the city agency most likely to deal with the homeless and, thus, is a critical entry point into publicly provided city services. ES' six radio-dispatched mobile response teams provide on-the-spot short-term intervention 24 hours per day to persons in a wide range of emergency situations. Follow up for approximately one-fourth of the ES clients is handled by a special Senior Unit of DHS and over 40% are also served by the area agency on aging. Referrals are also made to other community agencies, with a small number being referred to a health care project for the homeless. Clients who are particularly difficult to locate or serve usually do not become clients of other agencies but may be seen again by the ES teams. Current ES client contact cards record approximately 18-20,000 cases served during the previous four years, of which about one in nine are elderly.

Information Sources

First, interviews were conducted with 45 informants by the principal investigator who also was a participant observer of services to the homeless in Chicago. This information served as background for understanding the client records. Then a sample of 125 emergency case records of persons over age 60 was randomly drawn from ES client contact files and coded. These client contact cards contain demographic data (age, race, gender, address and police district, household composition), referral source, and a brief narrative description of the presenting problem and the service(s) provided. Each client's contact cards are appended together and kept alphabetically in a large file in the agency's telecommunications center. (Blue cards denote clients age 60 and over and are easily sampled.) These contact cards, like most agency records, comprise, in effect, a retrospective longitudinal record of clients' circumstances. Because of the scope and responsiveness of ES services, they provide a unique record of crises encountered by older persons. Basic data were compared with census data on older persons, and subgroups were also compared. In addition to the ES contact cards, supplementary client information was gathered from other city agencies for over two-thirds of the 125 cases sampled,[1] from both client files and interviews with workers.

Since ES is geared mainly toward resolving these emergencies and staff are not specialists in helping the aged, these case data are suggestive of the needs of the cliemts seen, but certainly not definitive of them. Agency records are imperfect data sources and consequently present some methodological problems. Record notations here are subjective, incomplete, not comprehensive, and inherently selective. For example, we do not know who does not use ES service and so cannot extrapolate from these data to the actual prevalence of problems city wide. However, we can safely assume that this agency is less selective of its clients than typical community service programs for the aging, in that it imposes no fees, most clients are referred by agencies and other people, especially the police, and most clients are non-voluntary. ES responds to virtually every referral it gets. Secondly, agency procedures, rules, or policies may well discourage rather than seek client use, since potential clients and referral sources learn that ES provides only a limited number of service alternatives. Yet, these alternatives, such as emergency shelter, are in high demand. The agency controls the supply of service to be provided, but also, to some extent, controls demand. Thus it is less than objective in its assessment of need, since its acknowledgement of needs and problems is likely to be filtered by the repertoire of services it has to offer (Lipsky and Smith, 1989).

Despite the limitations of using agency client data, the variety of needs presented to this agency and the accessibility of its data for manual sampling makes it a useful source of unusually comprehensive data . It encompasses clients that appear to be experiencing homelessness, other housing related problems, and many related and unrelated problems. It cuts a wider swath than street surveys that have included the elderly but have limited their definition of homelessness to only those literally on the street or without a place to sleep on a given night or day (Douglass, 1988; Rossi, et al.). It also goes beyond surveys of clients at social agencies providing specific services, e.g. food and shelter (Sosin et al, 1988; Kutza, 1987). ES clients may have used city paid shelter, other shelter or no shelter, used a great number of social services, or none at all. Their receipt of services now is largely beyond their control, imposed on them by concerned social control agents largely unresponsive to their immediate needs. Great variation is seen in the problems presented by the elderly ES clients.

FINDINGS: A PROFILE OF ELDERLY EMERGENCY SERVICES CLIENTS

According to agency monthly reports, the DHS elder workload is increasing. Between January 1986 and August 1987 there was a 400% increase in referrals of elders from ES to the senior followup unit, as shown on **Figure 1a**. Twenty-nine percent of the cases present medical needs, 4% involve victimization, and 9% involve a wide variety of other problems. The nature of these cases has not changed much as they increased, although the proportion involving fires, need for shelter and need for medical care appear to have increased somewhat in this 20 month period. Categorizing only the primary presenting problems, 59% of all cases identified the reason for referral as basic needs. The types of problems included in basic needs are depicted on **Figure 1b**, including: need for shelter or temporary housing (12%), deteriorated or deplorable housing conditions (22%), fire (9%), eviction (4%), tenant-landlord disputes (3%), and others. Housing and medical problems appear to be the emergencies to which this agency responds most. Note however, that "need for food" is one presenting problem that has all but disappeared, related to the fact that the agency stopped issuing emergency food boxes as a standard practice after March 1987. In order to examine these needs more closely, the following analyzes the random sample of 125 seniors that was discussed above.

Demographic characteristics. Ages range from 59 to 100 at the time of the first Emergency Service Contact, with the average being approximately 69, but about half being over age 73, as can be seen on **Table 1**. This makes the sample considerably older than the aged population for the city of Chicago as a whole as shown on **Table 2**. Forty-two percent are over age 75, compared to only 27% of the city's aged population, and 14% are over age 85, while only 6% of the city population is this old. Increasing age increases the likelihood of need and apparently also the likelihood of needing emergency assistance.

ES clients also include more racial and ethnic minorities. The background of ES users appears to be evenly split between whites and blacks, with about 47% white, 49% black, and 3.5% Hispanic, while in 1980 the city aged population was 72.2% white, 24.8% black, and 3.5% Hispanic, as depicted on the top section of **Table 3**. (Racial backgrounds are unknown for about one-fourth, reflecting the minimal contact ES has with most clients, but the "unknowns" do not include any Hispanic surnamed persons.) It appears that blacks are over twice as likely to use ES services as their population would predict and whites are half as likely to utilize them. ES clients are 48.8% male and 51.2% female--a slight over-representation of males who are only 41% of the aged population in Chicago. Fewer than 20% of the records indicated that other residents were living in the household with the client.

In general, then, older black men appear to be much more likely, and white women much less likely, to be referred to ES than their respective populations would predict. Hispanic males are more likely and white males are less likely to use ES, and hispanic females seem to use ES in proportion to their representation in the population. Those living alone are also more likely to be referred.

Number, Length and Year of Contacts. The majority (66%) of older persons served by the emergency teams have had only one contact with ES. Multiple contacts occur over a period of from one day to up to five years. Twenty percent have two to three contacts, while 10% have 4 to 14, and 4% have from 18 to 35 contacts. So, while most clients have very minimal contact with ES, 14% of the sample had been seen four or more times, an indication of significantly unmet client need, although not of actual prevalence in this case. [2] The five clients having 15 or more contacts with ES had all been served for at least 3 years, all are listed in the official records as chronically undomiciled persons, and all had stayed in paid shelters. The clients having four or more contacts appear to present needs quite different from the clients with one to three contacts.

Location and Problems. ES senior contacts are well distributed around the city, originating from all of the 25 districts of the Chicago Police Department. (The origin of only 16% of referrals was unknown.) Districts had from 1 to 9 ES clients with an average of over four. The districts with the most referrals generally encompass neighborhoods with a high proportion of seniors, suggesting that emergencies in general are not concentrated in neighborhoods with particular ethnic and social class characteristics.

The problems described on the ES cards suggest that the presenting (or primary) problem to be solved in the ES contact is not always easily delineated, although some fairly rich descriptive information was located to supplement much of this. Column 1 on **Table 4** arrays a complete listing of problems noted in reviewing all the data available from the ES information cards, plus the case files of related city agencies (See End Note #1 above). While the problems recorded often reflect more than one encounter with ES or other agencies and multiple interrelated conditions for each client, the number of problems identified per client is certainly an indicator of the severity of client condition. The average senior has at least two problems, but 23% experienced four or more problems. Problems and their incidence are depicted on Table 4. Those which are each seen in over one-quarter of ES clients include, in order of prevalence, medical/health related problems, being lost, needing shelter, psychological problems or intoxication, and "being uncooperative." Certain problems appear to cluster and simply having or not having a residence appears to delimit a distinctive pattern of problems.

In summary, then, some ES clients comprise a very high need subgroup. They are older, much more likely to be black and consequently poor, and to be living alone than are other seniors. A substantial proportion who are helped repeatedly have multiple problems, including serious medical or psychological ones. As a group they resemble the high risk population described by Butler and Davis (1987) as "old, alone and poor" who are much more likely to become dependent and institutionalized.

CHARACTERISTICS OF THOSE IN NEED OF SHELTER

The problems presented by ES clients appear to be more complex for those who have ever presented a need for shelter or housing or were ever "undomiciled." In this sample at least 31% have needed shelter and over half of these are described in the record at least once as undomiciled. Those needing shelter included most of the ES clients who had been served four or more times and all of those having 15 or more contacts. They live in the city districts having the highest incidence of homelessness, as opposed to the higheset proportion of older people. Other important variables further identify this high need subgroup.

The gender and race of those in need of shelter distinguished them from those who did not need shelter. As column 11 on **Table 3** indicates, sixty-one percent of the shelter need group are men and 38% are women, contrasted with 43% men and 57% women among those who did not need shelter. The males needing shelter are evenly split between blacks and whites (42% white, 42% black and 17% unknown), while the women are more often white (47% white, 33% black, and 20% unknown). No Hispanic males or females were among the shelter users. More is known about those needing shelter than the others because they were seen more often and thus more data has been recorded. In general, the clients in need of shelter are more likely to be white and male when compared to those who did not need shelter. The other ES clients tended to be more often black and women.

The case record data provided by other agencies yielded substantial supplementary information about clients who needed shelter. Several patterns emerge from all these records, although we cannot know reliably the extent to which these clients needing shelter actually stayed in shelters for the homeless. The group having four or more encounters with ES still represents only 31% of the group in need of shelter. The 39 clients needing shelter include the following types.

Persons Needing Shelter Who Did Not Stay at a Shelter, Including Transients

Records suggest that about one-fourth of those in need of shelter did not actually stay overnight in a shelter or did so only for one or two nights as they traveled through Chicago. ES staff indicate that it is not unusual for "shelter cases" to be resolved without placing the client in a shelter, although alternative resolutions usually require extensive telephone contact and transportation of the client to locate and arrange alternative placement. Some clients disappear before the ES team arrives, others relocate with friends, are admitted to hospitals, or are referred to agencies serving the aged.

This category includes transients and persons who have only recently arrived in Chicago from out of state. ES places transients in shelter for a night or two. These include habitual itinerants traveling across country or from place to place who become lost or confused at a bus depot, as well as individuals who have gotten lost or run out of money after coming to Chicago for some purpose. They also include persons very new to Chicago who are apparently planning to stay but become significantly confused or victimized. These cases all involve short term ES interventions, but sometimes a great deal of casework by the Senior Unit. Such cases are not typically considered "homelessness" although they could be.

The Shelter Users.

At least three-fourths of those who needed shelter actually did stay at one, but it is impossible to tell from records exactly how much shelter was used by these 29 clients. Their circumstances suggest that even those with only one or two contacts with ES may actually be chronically homeless persons who avoid agencies. About half were listed as "undomiciled," several more appear to use free shelters regularly, and a few live at least intermittantly at cheap hotels, YMCAs or motels.

Of these 29 who used shelter, about two-thirds (18) still had only one to three contacts with ES, and their circumstances appear to vary widely. In two cases shelter use was precipitated by deplorable housing conditions and in another because of a utility shutoff. Five had recently been evicted, but each of these cases was complicated by medical, psychological, or alcoholism conditions. Some were described as lost, wandering or without identification, and some had medical conditions that necessitated transport to and treatment at a hospital. (For example, one was a 90 year old man who was ill and was abandoned at the downtown bus terminal.) Some had listed an address, but went to a shelter anyway for unknown reasons. However, of even these 18 "low contact" clients, at least half appeared to have no place to live at the time they were picked up. It appears, then, that a sizable proportion are homeless but have not been so for long and that housing problems and/or inability to manage probably played a part in their becoming homeless.

Such persons appear to have been taken to a senior shelter because of the limited alternatives immediately available to ES. There is no way to gauge the chronicity of their dilemma except that since ES has not encountered them often it is unlikely in most cases ~~that they~~ are chronically undomiciled persons. In a crisis, temporary emergency shelter seems appropriate. Action by other social supports and kin usually preclude further ES contact. This short term shelter use by the elderly suggests the existence of a complicated array of acute problems and precipitating situations, largely related to urgently needing help and apparently having no place to go. The short stay in shelter appears to be used to facilitate resolution of the immediate dilemma.

Of those who used shelter, almost one-third appear to be long-term or high use shelter users, having had four or more contacts with ES. These eleven appear to be the chronically or intermittently homeless. This group ranges in age from 60 to 83 and has had from 14 to 35 contacts with emergency services over periods of one to four years. The records list nine as being undomiciled, including five who had been evicted. The two others include a 67 year old woman alcoholic and an 80 year old man who was frequently lost and moving from place to place. Some detailed comparisons of these elderly men and women demonstrate how habituated they are to homelessness.

The five undomiciled women have significantly more ES contacts than the four undomiciled men. Their ages range from 60 to 83. Both black and white, they have been picked up from 14 to 35 times over a period of from 7 to 52 months. The records suggest that these women are substantially mentally impaired, uncooperative, aesthetically unpleasant, and possibly suffering from dementia. They fit a "bag lady" stereotype, but they "live" in abandoned buildings, on bus benches, sometimes with friends, and intermittently in shelters. Their health problems include lice, incontinence, leg ulcers, alcoholism, and paranoid schizophrenia. ES interventions are typically limited to transporting them to a hospital for a medical clearance and then to a shelter. They are more likely to be placed in a transitional shelter than an overnight one. Sometimes they are not admitted to shelter because of aberrant behavior, general offensiveness of odor or habits, or refusal to leave their bags outside.

The four males in this group are seen less frequently by ES than the women and appear to be more inclined to stay regularly at an overnight shelter (possibly because so many more shelters serve men than women). They are somewhat younger with ages ranging from 61 to 74. They have been picked up from 6 to 22 times over a period of from two months to 6 years. Their problems appear to be more often related to alcohol abuse, and also dementia. Some are refused admittance to shelters because of drinking or violence, but ES usually only transports them to a bus stop.

In sum, the ES clients who have needed shelter tend to have many more contacts and longer histories with ES, and more problems than the other ES senior clients. They include a distinct population of regular and irregular shelter users living in marginal conditions on the streets, in shelters, and occasionally in their own residences. Of all ES clients, 5% are basically transients using shelter, at least 9% literally live in shelters quite regularly, and 14% (about whom little is known) have used shelter for a variety of reasons and durations. Of the latter group, however, more information is available about the subset of chronically undomiciled women whose notably aberrant behavior has drawn substantial attention to them.

DIFFERING NEEDS OF THE SHELTER USERS AND NON-USERS

On nearly every dimension, all elderly emergency service clients appear to be experiencing very serious problems. Some of these are short lived crises, possibly amenable to emergency intervention, but others suggest the existence of deep seated social problems which can only be resolved by a commitment of public resources and carefully planned and orchestrated social interventions over a long period of time (Lipsky and Smith, 1989). Clues to appropriate interventions are suggested by the differences in the clustering of problems experienced by those who need shelter and those who do not, as seen on **Table 3**.

Elderly ES clients in need of shelter are almost three times more likely to suffer from psychological or alcohol problems, and over twice as likely to have been a victim of a crime. They are also more likely to have been lost, to have health problems, and to need food.. In terms of housing needs, they are five times more likely to have been evicted, and almost three times as likely to have had their utilities shutoff. They are also more likely to have behaved uncooperatively, and are at least six times more likely to have experienced assorted other problems. Their main problems include medical conditions or poor health (49%), psychological or alcohol impairment (49%), being lost or wandering (41%), and being notably uncooperative (36%).

On the other hand, those who did not need shelter were almost ten times more likely to have been reported for a fire and almost three times as likely to be living in unsafe or unhealthy housing conditions. Like the clients who need shelter, their biggest problems are medical (38%) and being lost (29%). Otherwise, they are more likely to experience problems that only persons with homes could have. For example, 25% of these have suffered a fire and 21% have experienced deplorable housing conditions. Both groups have a similarly small chance (5%) of being victim of a domestic dispute. The circumstances of those housed appear to be no less tenuous than those living on the streets who evoke substantial public concern. Yet, it appears that seniors are handled in distinctive ways if ES workers recognize them to be homeless. The disposition of clients who are lost or hungry reveals this disparity in handling. Note that neither intervention accomplishes much for the person who is cognitively impaired, living alone and poor.

Being Lost.

Recording a senior as "lost" seems to be a polite way of handling a routine difficulty of some frail elderly. The ES client records suggest that lost seniors are usually suffering from dementia, psychosis, or situational confusion. "Lost" seniors are usually confused, not recognized by neighbors, wandering in a public place, or lost on public transportation, and reported to ES by police, hospital emergency rooms, shelters, neighbors or others who are concerned about them. Typically the lost client is taken by some concerned citizen to a district police station, found to have no identification, and turned over to an ES team. The records indicate they are sometimes suspected of being missing persons or intoxicated, and often are suffering from a variety of associated problems.

However, the urgent needs noted when a senior is confused and lost appear to be radically different if that person appears to be living in a secure home or even in a marginal residence, rather than on the streets. (About one-third of the older ES clients had been "lost," including more of those in need of shelter (41%) than those who did not need shelter (29%).) When need for shelter was associated with (or necessitated by) being "lost," myriad other complex problems were usually presented at the same time. For example, the lost seniors who were taken to a shelter were more likely to be listed as having psychological problems or being intoxicated, uncooperative or difficult to get information from. Typically the senior who had no place to live and became "lost" was taken to a shelter and seen repeatedly by ES until, or unless, disposition to a more controlled setting finally occurred. Indeed, more of the shelter users tend to get lost, and they do so more often. While some are placed temporarily in senior shelter because of psychological or health problems or their inability to cooperate, these usually have minimal contact with ES. When they are notified, worried family members typically come for them immediately so that no further agency intervention is necessary. But some clients are recognized by the police and ES to have no place to live, mainly on the basis of their appearance. They are often "placed" in unpaid shelter--or taken to the nearest bus stop to find their own way to shelter. These differential dispostions are based on subjective observations which distinguish, sometimes incorrectly, between those "chronically undomiciled" and those genuinely deserving of help. The women are more likely to fall in the latter category.

Being Hungry. Records note that only 16% to 18% of both those needing and those not needing shelter needed emergency food, which ES usually provided in the form of a food box. With those in need of shelter, workers usually left a food box after the client was relocated to transitional housing at a YMCA, an SRO, or a neighbor. Occasionally they actually took the client to a cafe to obtain a meal. At regular shelters, however, meals are provided so food boxes are unnecessary. The need for food by persons in their own homes appears to be great. It was usually accompanied by problems like utility shutoffs or deteriorating housing conditions, evidence of both poverty and inability to manage. Twelve of the 14 who received a food box in their own residence were women, usually in the aftermath of some crisis such as domestic violence, a diabetes attack or other health problems. Apparently for budgetary reasons ES stopped providing emergency food in February 1987, as can be seen on **Figure 1b**, and cards after this date rarely acknowledge hunger anymore. This suggests the limitations of these records as a comprehensive indication of need. (A similar impact observed was that electric fans were provided to elderly people in summer 1987, but by 1988 they were limited to only those with very severe illnesses.)

BECOMING UNDOMICILED

As noted above, most older ES clients, even those who were placed in a shelter for a variety of reasons, appeared to have at least intermittent and even regular addresses. These records suggest that elderly clients using shelters are not static in their patterns, and are placed in shelter for many different reasons.

Of those who used shelter, over half also listed a local address, although some of these addresses were actually shelters. This indicates that some persons literally live in public shelters, even on a permanent basis. Many addresses were transient hotels which provide a vital kind of housing for very low-income, single persons. About a third of the clients who resided in shelter were actually transported home at least once, while over half (20) were transported to shelters, and at least 15% (6) were transported to hospitals. Transitional states appear to have become a permanent lifestyle for some of this sample.

Problems That Can Lead to Loss of a Home.

Use of a shelter is certainly not the only indication of desperate need presented in these records. In addition, city staff are significantly concerned about the fragility of the housing conditions they see where older persons live. Upkeep of personal surroundings reflects mental and physical health, as well as financial capacity, and deterioration is frequently evidence of psychological, organic brain, or physical decline. Neglect of maintenance of housing is often directly precipitated by loss of mental and/or visual acuity. Yet, even if the home and circumstances are thoroughly inadequate by minimal standards, the loss of that home, apartment, or room is a major disaster. Loss has significant implications for lifestyle and security. Some housing problems appear to be directly related to homelessness while others appear to be chronic problems in their own right.

It appears that most of those in need of shelter were either already relying upon shelters as they grew older or were living in marginal housing conditions which were lost when some crisis occurred. Unfortunately, being on the street is sometimes a shorter step toward getting assistance than is remaining in one's own privacy. Elderly persons who are obviously impaired are typically placed in shelter by ES or the police, since the public finds it unacceptable to allow them to reside on the streets. Owning a home or having a long term permanent residence, however, may subject the elderly to as marginal and fragile a life as being homeless, for only a major emergency will draw sufficient attention to force relocation.

Some emergencies to which ES responds--residential fires, poor housing conditions, loss of utilities, and evictions--are experienced only by persons living in a home or apartment. Together these problems affect about half of both those who needed shelter and those who did not in the ES sample. Twenty-three percent of those who did not need shelter suffered fires in their residences (including three married couples) and 25% had housing problems other than fire.

Thus, those who needed shelter (half of whom were considered "undomiciled") have experienced as many housing related difficulties as those who have never needed shelter, especially evictions and utility shutoffs which may directly necessitate the shelter use. Those who did not need shelter, on the other hand, have more often experienced dangerous housing conditions and fires. These occurrences each lead to potentially devastating outcomes which are illustrated by the following.

Evictions

Shelter users are four times more likely to have been evicted, which reflects this group's general difficulties in coping, their marginal lifestyles, psychiatric difficulties, and lack of cooperativeness. Five of the eight who had been evicted in the shelter use group were men, and several had been evicted repeatedly. Most had a history of short-term residences, often in single-room occupancy buildings, transient hotels, or other units where rent is paid on a daily or weekly basis. Most have developed "streetwise" lifestyles, experienced psychiatric difficulties and hospitalizations, or alcohol abuse problems and been committed to detoxification programs. One was evicted from public housing; another "evicted himself" (apparently by refusing to pay rent). One 74 year old alcoholic woman was evicted twice in the same year, and another woman had so exasperated the ES workers (who felt she was "just taking advantage" of free shelter) that they went on personal time to evict her from her city paid room at a YMCA.

While several of those evicted had obvious psychological difficulties, only one was mentioned to have medical problems. ES workers appear to be less likely to recognize health problems and landlords seem to be reticient to evict older ill persons with nowhere else to go. Workers repeatedly describe landlords and hotel clerks who have provided extraordinary help to frail older residents, such as regularly delivering meals even to persons who had not paid rent for a long time! Many of those finally evicted are aged deinsitutitionalized mentally ill persons who have become disruptive, or very sick people who landlords are no long comfortable managing. To the regular shelter users, eviction is simply one more adaptive step in a continuing cycle of transitory living. City agents, who must discriminate among those needing assistance on the basis of potential responsiveness, believe such persons adapt by continuing to fend for themselves.

ES workers appeared to be more sympathetic to the plight of four persons who were evicted but were not taken to shelter. Three were women who were obviously ill. One was disabled and confined to a wheelchair, and her building was being demolished; one had a landlord who expressed concern about her but could no longer cope when she refused to talk to anyone. One was picked up by ES four times for being lost but was always returned home. A fourth woman had had a fire in her apartment but continued to live there despite the deplorable conditions. She then suffered a rat bite, developed an infection and, after she invited the city housing inspectors into the building, the landlord evicted her!

Despite the urgency of these situations, especially when they resulted in evictions, public shelter was avoided either because of the client's adamant refusal to go, because relatives came forward to take them in or some agency helped locate alternative housing. Effective assistance at the first eviction can deter further loss of possessions, burdens on families, and a cycle of residential instability.

Utility shutoffs

Utility shutoffs affected only 7% of the ES clients, but mostly those who also needed shelter. Lack of utilities accompanied very few of the reports of deplorable housing conditions, perhaps because housing conditions are usually investigated in summer and utilities are needed mainly in winter. Two of the four shelter users were without utilities and in deplorable conditions simultaneously. Here ES placed them in shelter for their safety. This suggests the importance of related circumstances, such as whether the older person owns or rents his or her home, and if renting, the permanence of the lease and the supportiveness of the landlord. If it is a permanent home, the client usually returns after a few days in shelter. If not, they risk losing it altogether upon going to a shelter.

Utility shutoffs are similar to non-payment of rent and eviction in their effects--they impose immediate negative consequences. More symptomatic of poverty than of dementia, persons lacking utilities often needed food deliveries too, and sometimes also had declining mental and physical capacity. It is ironic that when elderly persons who refuse to leave dwellings without utilities are found dead, they are often criticized for having poor judgement. Indeed, those who do go to a shelter appear to end up at best in public housing, and at worst semipermanently in shelter or a nursing home. Those who own their homes are usually returned there eventually, but without ongoing case management their situations can hopelessly deteriorate, as described below.

Poor housing conditions

Problems of housing conditions are much more prevalent among those who have never used shelter, or who have a residence of their own or family members who provided assistance. Typically the housing conditions problems involve concern that the home has become hazardous or unhealthy because of an accumulation of garbage or debris, and the client's inability to maintain the dwelling. ES intervention is precipitated by circumstances varying from a neglectful landlord, to someone living in an abandoned building, to poor maintenance of animals, to persons who own or inherit buildings they cannot maintain. At the extremes the clients' situations had already led to illness or caused a fire, such as ill or demented persons found lying in their own excrement, and homes which the Department of Streets and Sanitation had to fumigate for vermin and sewage.

Persons living in deplorable conditions usually require assistance more than once, but rarely seem to get follow up. Serious housing problems and utility shutoffs were experienced by about twice the proportion of those who did not need shelter as those who did. An equal number of shelter users and non-users--all of whom were elderly women living alone--had reported utility shutoffs. While not all poor housing situations become this hazardous, the sketchy details available on these cases suggest how some do, despite the knowledge of city agencies. Often at least a year went by between the first ES contact and the second. For example, in one case ES investigated a woman at the request of the aging agency for reportedly having three elderly persons living with her who were defecating in the alley behind her home. It turned out the plumbing in the house did not work because the woman, who had taken in boarders after her husband was placed in a nursing home, could not afford a plumber. Living on Public Aid and left to care for the house, she was overwhelmed. The Visiting Nurse Association had recently closed her case, saying "she didn't need nursing service." At the time of the ES investigation the renters were evicted and ES suggested that her stepson take guardianship and place her in a supervised living arrangement. Apparently this did not happen because she was still in the house 15 months later when it was destroyed by a fire. At that point relatives came from California and moved her in with the step-son, at least temporarily. The tenuousness of available family assistance and lack of agency follow through, despite what must have been a nuisance problem in her neighborhood, apparently allowed her situation to deteriorate. Indeed, the aging agency case management unit did not open a case record until nine months after she was moved out of the house.

Typical reports of housing conditions involve couples or elderly sisters found to "need nursing services, food and shelter," or other multiple kinds of help, but who continue to live in their homes. Some are placed in shelter. For example, one woman who was originally reported to ES as living in a condemned building required shelter, transportation, food, and medical attention over the next three years, and received a wide variety of services from a neighborhood center. Another, a 77 year old white woman, was immediately hospitalized and later transported to a shelter. A third , an 82 year old black male who was severely depressed, had recently been discharged from a mental hospital and was living in an unsafe public housing apartment with a broken window and no heat in January. Four months later, after a shelter stay, the ES team returned him to the hospital which agreed to make better post-discharge plans upon his next release.

The shelter users who are seen for housing conditions and utility shutoffs are vulnerable because of lack of financial resources, as well as difficulty managing their finances. This is often aggravated by psychiatric problems or dementia, and sometimes complicated by medical problems. Some have become acclimated to living very marginally and became well known to ES after they were placed in shelter. Some permanently lost their housing as a result of shelter placement. In the long run, efforts to keep them in their housing, despite its marginality, might be less expensive than shelter placement.

Fires

The culmination of deteriorated housing circumstances are residential fires. Over 18% of the emergencies affecting the elderly were fires. The 22 persons affected included three married couples, and only one shelter user. Two of the couples were Hispanic, including a husband and wife both aged 91; another spoke only Greek. Several lost all their personal belongings, their pets, or their relatives in the fire.

Aging persons can be the victims as well as the cause of a fire, and the case recoreds reveal that at least four victims had had significant difficulties already before the fires occurred. One apparently disabled 80 year old black man had periodically stayed in shelters and had had 11 contacts with ES over four and one-half years, frequently for being lost. He had moved in with his sister when he became one of several fire victims. In another case, a 69 year old woman suffered a robbery and expressed great worry about the security of her apartment. A year later her apartment was badly damaged by a fire. At that point she applied tfor public housing. One 66 year old black man was seen by an ES team four times for being lost in the eight months preceding the fire in his apartment.

Frequently the fires started in the victim's apartment, as with one 65 year old man whose fire resulted in relocation of everyone in his building. Since most victims quickly move in with relatives or are assisted by the Red Cross, there is typically little DHS followup. Those who remain in their dwelling after a fire seem to run the most serious risk, because of both their own incapacity and the danger posed by the property. Only those unable to move in with relatives or friends, with poor judgement, or without resources would continue living in such unsafe circumstances. Interestingly, none of these 22 fire victims was placed directly in a public shelter and most moved in with relatives. Although ES records are frequently incomplete regarding followup, the agency appears to investigate fires and housing conditions far more often than it actually relocates clients or otherwise intervenes. While it is often not clear what should be done in the most perilous circumstances, such situations certainly do not improve on their own. Without relatives to help, situations are assured to deteriorate.

DISCUSSION AND CONCLUSIONS: VULNERABILITY AND ITS IMPLICATIONS FOR APPROPRIATE SERVICES

Agency client records of emergencies are a very informative source of data on the housing needs and risks of the elderly. The foregoing analysis is suggestive of ways to improve future research as well as service delivery priorities.

First, elderly persons found by ES to need shelter are not necessarily "homeless," but certainly are in very vulnerable circumstances. Being "in need of shelter" or "undomiciled" is actually a subjective designation reflecting ES workers' perception of information available to them. It mainly indicates that the client has no home, family, or friends to which he or she can be referred, and that ES is likely to encounter this person again at a later point.

Second, shelter users' lack of trusted friends and relatives to "double up" with may be a greater deficiency than even their lack of financial resources. Indeed, Kutza (1987) found that at least 80% of elderly clients at a health care project for the homeless had some source of regular income. (However, the amount, typically less than $350 per month, was often insufficient to sustain adequate housing when living alone.) Studies of the "new homeless" have described the "couch people," who reside intermittantly with others but eventually exhaust their welcome, while historically the elderly have lived permanently with others in boarding houses and shared homes with children and other relatives. Those with such social resources do not end up in shelter even today, but poor older persons, without such alternatives and increasingly unable to afford available single unit housing, do. Thus, a substantial number of elderly persons, especially men with lifelong attenuation from family, live semi-permanently in the city's shelters. These findings corroborate Sosin's research (1987, 1988) about younger people, and other research (Bachrach, 1988; Cohen et al., 1988) about the homeless elderly, that older people lose their housing largely because they desperately lack social resources.

Finally, even older traditional "street people" are often intermittantly housed. Persons who have lived a marginal lifestyle for any period of time (having been institutionalized, suffered chronic mental disorders, or paid rent on a week to week basis in transient hotels) are occasionally or intermittantly unhoused, because they have particular difficulties managing on so little money or living a precarious lifestyle.

Older persons who own their homes have a distinct advantage, becoming vulnerable to homelessness only when beset by overwhelming personal and cognitive losses or threats to their homes. The domiciled become vulnerable if they are relocated to a shelter temporarily, often losing their personal and housing resources. Traditional street people may be more or less "homeless" at different points in a year or in the cycle of their conditions. The near homeless and undomiciled become increasingly vulnerable as their personal resources are lost. Homelessness appears to be not so much a permanent condition as it is a permanent threat for a significant proportion of the very poor, very old who are without family.

This analysis raises hard questions for the service system about the preventability of conditions affecting the aged. A sizable proportion of those sampled present problems related to losses that predated their emergency. For nearly a third these were complicated by the experience of staying in shelters or on the streets. Clearly some of the tragedies to which ES responded might have been prevented by more timely, better coordinated, and more appropriate formal interventions by both ES and by other social service agencies. Effective interventions need to at least replace vital personal resources and contain counterproductive housing patterns that have led to hazardous conditions or evictions before. ES is positioned as a kind of barometer of the personal and housing needs unmet by the rest of the social service system. "Reading" it periodically could provide vital information to the city.

Provision of basic necessities of life, decent medical and psychiatric diagnoses, treatment, and assistance in managing personal space and finances in order to prevent evictions are prerequisites for maintaining decent living standards for aging persons. Prospects of having such necessities are enhanced by a lifetime of responsible living and accumulation of resources, as well as by positive relationships with relatives and informal support systems. Effective relationships require time and involvement before persons and situations deteriorate. Having informal non-relative caregivers available is also vital. Landlords, for example, must know what assistance and resources are available. When medical problems or dementia exist, informal helpers need support and assistance to offer effective assistance. And more informal caregivers need to know about and be encouraged to become legal guardians or representative payees.

Housing alternatives for the most difficult and habitually undomiciled among the elderly, those with the fewest physical and social resources, require aggressive and consistent professional interventions over time, for even when referrals are made under optimal circumstances, clients often do not get to the appropriate agency. Even daily assistance cannot prevent some client conditions which inevitably lead to deterioration. ES' experience confirms that some tragedies simply cannot be prevented. On the other hand, very few among the elderly experiencing emergencies appear to need excessive amounts of imposed control; most need only a bit more help.

Agency data reveal that some very normal old persons in Chicago are needlessly living very badly. Because of age some are unable physically or mentally to maintain their property, meet their financial obligations, or cooperate with others in planning their own care. Some are simply very poor or the victims of tragic losses. Every condition cannot be prevented, but clearly some of the emergency situations reported in this sample could have been. Without resources, decent housing alternatives, and reliable, appropriate assistance, many of the urban elderly will continue to suffer serious emergencies unnecessarily.

END NOTES

1. Forty-two percent had a case record at the Department of Aging and Disability (DAD), six percent with the Travelers and Immigrants Aid Health Care for the Homeless project (HCH), and 25% with the DHS followup Senior Unit. No ancillary information could be located for 33% of the clients.

Data found in the other agencies on the selected clients was corroborated by at least a second source in about two-thirds of the cases. About 20% of clients had another record at the Senior Unit, another 19% had another record at a DAD Case Management Unit, and 19% had a record at both the Senior Unit and a Case Management Unit. Of the six percent (seven cases) with a record at Health Care for the Homeless, five also had a record at the Senior Unit and two at a DAD Case Management Unit. Three percent also had a record at DAD Protective Service. ES thus appears to be the major source of referrals to the DHS Senior Unit, the key referral source for Health Care for the Homeless, and a major source for DAD. With such links to other agencies serving the elderly and the homeless, ES is a logical channel to tap for information about a wide range of clients.

2. To keep the files current, ES periodically clears out inactive cases, retaining cases with multiple contacts. Thus, at least 87% of first client contacts occurred during or since 1985 and the sampled clients tend to overrepresent the multiple users of Emergency Services. This overrepresentation enhances this study which is most interested in the high need elderly.

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Appendix A.

Random sampling technique.

ES client contact files consist of some 70 long metal drawers in the DHS Telecommunication Center holding some 250-300 case records per drawer on 5x7 inch cards. The standard client information cards are white, but interspersed among these are blue cards used to record contacts with persons over age 60, and a small number of pink cards to identify clients who have been sanctioned in some way. Blue cards comprise about 20 to 40 cases among the other cards in each drawer. A random sampling of the blue cards was devised to obtain a quick but unbiased glimpse of the older persons served by ES, their reasons for encountering ES, and their needs.

Each of the 60 drawers' alphabetical designation was written on similar slips of paper and placed in an envelope. Numbers from 1-20 were written on another set of paper slips and placed in another envelope. About 120 combinations of each were drawn designating a drawer and the nth card in it. The numbers were alternately pulled from the front and back of the file drawers. For cases involving more than one individual (five married couples and one set of two elderly siblings), both were included in the sample and each was treated as a separate case. Thus six extra individuals were included in the final 125 cases and the bias thus introduced is acknowledged.

Information recorded on each client contact card was recorded, including name, address, age, race, sex, location of contact and its police district, person or agency making the service request, problem, response, and disposition. These last three items were recorded in narrative form without prescribed answers, although standard and formal terms are typically used. All descriptive data that could be found was attached, as were the dates on each contact card.

Client data was organized alphabetically by client name on a Microsoft Multiplan computer spreadsheet. Contacts made with other agencies then provided supplementary client information. The compilation of data yielded a chronology of agency contacts.

DHS SENIOR UNIT PROVISION OF EMERGENCY SERVICES BY TYPE. JAN 86-AUG 8

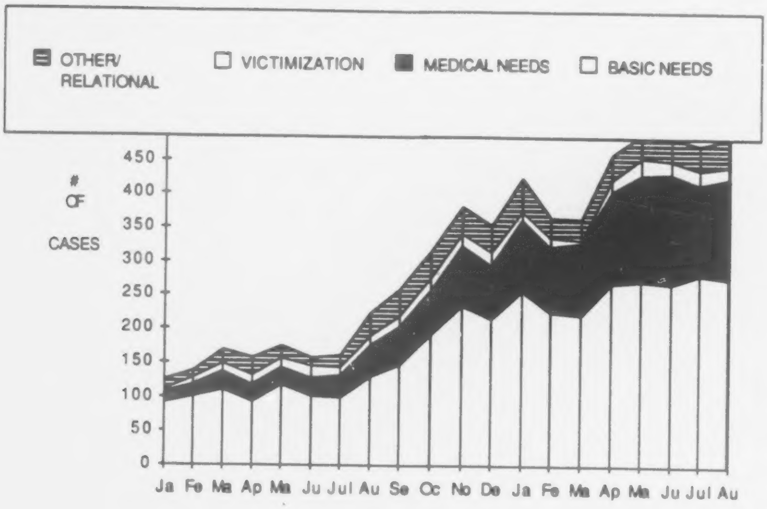

FIGURE 1a.

DHS PROVISION OF BASIC SERVICES TO SENIORS BY TYPE. JAN 86-AUG 8

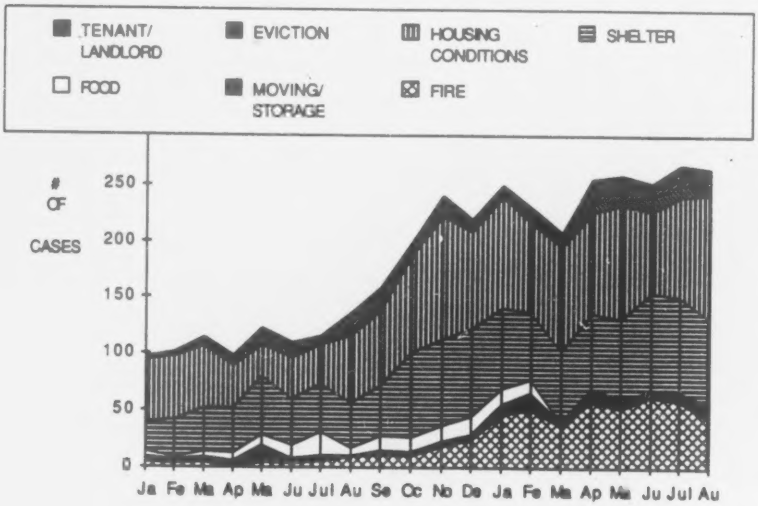

FIGURE 1b.

TABLE 1.
Age at First Contact, Emergency Service Client Sample (n=125)

Age	Total cases	Percent of Total Known	Cum.%	Clts needing shelter	%	Cum.%	Clts not needing shelter	%	Cum.%
59	1	0.9%	0.9%	1	2.7%	2.7%	0	0.0%	0.0%
60-64	16	13.7%	14.5%	6	16.2%	18.9%	10	12.5%	12.5%
65-69	33	28.2%	42.7%	8	21.6%	40.5%	25	31.3%	43.8%
70-74	19	16.2%	59.0%	9	24.3%	64.9%	10	12.5%	56.3%
75-79	17	14.5%	73.5%	7	18.9%	83.8%	10	12.5%	68.8%
80-84	14	12.0%	85.5%	4	10.8%	94.6%	10	12.5%	81.3%
85-89	8	6.8%	92.3%	1	2.7%	97.3%	7	8.8%	90.0%
90-94	7	6.0%	98.3%	1	2.7%	100.0%	6	7.5%	97.5%
95-99	1	0.9%	99.1%	0	0.0%	100.0%	1	1.3%	98.8%
100	1	0.9%	100.0%	0	0.0%	100.0%	1	1.3%	100.0%
Age Unknown	8	6.8%		2			6		
Total	125			39			86		

Note: Ages of frequent service users are underrepresented by up to 5 years for those served the longest.

TABLE 2.
Comparison of Ages: City Aged Population and the ES Sample (n=125)

	City 60+ Pop.			ES sample*		
	Population	% of Total	Cum. %	Sample	% of Total	Cum. %
60-64	139,341	29%	29%	16	14%	14%
65-74	212,427	44%	73%	52	45%	59%
75-84	103,087	21%	94%	31	27%	85%
85+	26,960	6%	100%	17	15%	100%
Total over 60	481,815	100%		116	100%	
Total over 75		27%		48	41%	

Citywide people over age 75 are 27% of the elderly, while ES clients are considerably older. Indeed, 41% of the ES users are over age 75.

Even more significantly, while 6% of the city population is over 85, over twice as many (15%) of the ES users are over 85.

* Of 125 clients, ages of 8 were unknown, 1 was under age 60.

TABLE 3.
Emergency Service Users (n=125) by Race and Sex

	White	%	Black	%	Hispanic	%	Unknon	%	Total	%
Males	20	16.0%	24	19.2%	4	3.2%	13	10.4%	61	48.8%
Females	22	17.6%	20	16.0%	2	1.6%	20	16.0%	64	51.2%
Total	42	33.6%	44	35.2%	6	4.8%	33	26.4%	125	100.0%
City Pop 60+		71.8%		24.8%		3.5%				

Clients needing shelter (n=39)

	White	%	Black	%	Hispanic	%	Unknon	%	Total	Total needing shelter by sex	% by sex
Males	10	25.6%	10	25.6%	0	0.0%	4	10.3%	24	61.5%	39.3%
Females	7	17.9%	5	12.8%	0	0.0%	3	7.7%	15	38.5%	23.4%
Totals	17	43.6%	15	38.5%	0	0.0%	7	17.9%	39	100.0%	
% by race needing shelter		40.5%		34.1%		0.0%		21.2%			

Clients not needing shelter (n=86)

	White	%	Black	%	Hispanic	%	Unknon	%	Total	Total not needing shelter by sex	% by sex
Males	10	11.6%	14	16.3%	4	4.7%	9	10.5%	37	43.0%	60.7%
Females	15	17.4%	15	17.4%	2	2.3%	17	19.8%	49	57.0%	76.6%
Totals	25	29.1%	29	33.7%	6	7.0%	26	30.2%	86	100.0%	
% by race not needing shelter		59.5%		65.9%		100.0%		78.8%			

TABLE 4.
Problems Presented By ES Clients Needing Shelter and Not Needing Shelter

Problem Type	Total (n=125)	%	Clients needing shelter (n=39)	%	Clients not needing shelter (n=86)	%	% Difference between groups
1. Fire	23	18.4%	1	2.6%	22	25.6%	-23.0%
2. Bad Housing Conditions	21	16.8%	3	7.7%	18	20.9%	-13.2%
3. Utilities	9	7.2%	5	12.8%	4	4.7%	8.2%
4. Eviction	14	11.2%	10	25.6%	4	4.7%	21.0%
5. Food	21	16.8%	7	17.9%	14	16.3%	1.7%
6. Medical/Health	52	41.6%	19	48.7%	33	38.4%	10.3%
7. Lost/Wandering	41	32.8%	16	41.0%	25	29.1%	12.0%
8. Psych/Intox	34	27.2%	19	48.7%	15	17.4%	31.3%
9. Domestic Dispute/Violence	7	5.6%	2	5.1%	5	5.8%	-0.7%
10. Crime Victim	12	9.6%	6	15.4%	6	7.0%	8.4%
11. Shelter	39	31.2%	39	100.0%	0	0.0%	100.0%
12. Undomiciled	22	17.6%	22	56.4%	0	0.0%	56.4%
13. Other	4	3.2%	3	7.7%	1	1.2%	6.5%
14. Uncooperative	31	24.8%	14	35.9%	17	19.8%	16.1%
Total Number of Problems:	330		166		164		

Big Rapids Housing Commission

9 Parkview Village · Big Rapids, Michigan 49307
Telephone (616) 796-8689

March 26, 1990

Donald W. Riegle
United States Senate
Senate Office Building
Washington D.C. 20510

Senate Hearing
March 26, 1990

Dear Senator:

Our mutal concern regarding the haunting issue of homelessness, in this Nation, inspires the herein contained comments with optimism they may provide a different perspective to assist in the task ahead of you.

These comments are based on my 25 years of personal experience in the Public Housing Field, 12 of those years working closely with Department of Social Services clientele.

Homelessness, as an issue, has many facets with which we must deal if any measurable progress is to be made. As a starting point the following three questions need to be addressed realistically to avoid crisis management, by a new Federal Administration, to correct a long standing social problem.

Is it reasonable to include in our Nations Homeless statistics;

1. Those individuals that by choice have become unsuitable to live in both the Private and Public rentals or qualify for homeownership?
2. Those individuals that have been provided decent, safe and affordable Housing and have abused that privledge and are legitimately evicted?
3. Those individuals that have become victims of domestic violence, that enable the violence to continue after placement in decent Housing, then evicted?

These questions can be answered in several ways. However, the common denominator is responsibility.

If the above questioned individuals are to be considered a part of the Nations Homeless Statistics, the resistance to additional homeless legislation may be overwhelming, and defeat the intent to provide decent housing for those in deserving need.

The Big Rapids Housing Commission has been providing decent, safe, and affordable Housing to this Community and surrounding rural area for 25 years and provides excellent service to the residents in these developments.

We serve the mentally and physically handicapped, elderly, elderly handicapped and family needs up to six bedroom in unit size.

Recent Federal Regulation changes, now provide for threatened or actual domestic violence victims, preference, and pregnant women as admits to the Public Housing Program.

The concern is that if additional legislation would add to the requirement, we admit "only" applicants with special social problems we will lose some of the most valuable Low Income Housing stock in the Nations Public Housing. In addition we stand to lose the residents that do not have the same social problems, questioned herein, not wanting to live in an evironment with mounting social problems.

Homeless programs are obviously going to be expensive to fund. It is my professional opinion that there are existing funds available to begin the hard task of providing decent, safe affordable Housing to those truly in deserving need.

Since April 1, 1988 the Big Rapids Housing Commission has accrued $17,284.37 in Accounts Receivable, Welfare Receipients only. The ability to collect these accounts does not exist according to the Federal Government and the State of Michigan.

This loss of Public Funds, in national perspective, is undoubtedly substantial and represents a blatant disregard for the American tax dollar, paid by honest hardworking people.

It is suggested that any individual in receipt of Federal or State Assistance Funds be monitored to assure the funds are used for the intended purpose.

An example to use would be; If a Public Housing Resident is a Welfare recipient and receive a Notice to Quit for Non-Payment of Rent, the caseworker should be notified and advise the client that improper use of those funds is not allowed.

The tax dollars that could be saved will provide start up funding for homeless shelters, expand days of stay in W.I.S.E. shelters, for domestic violence victims and provide funding for the home ownership program, just to mention a few.

Placing more responsibility on those individuals who need the social system, starting social education in the early school years and circumventing the abuse of Public Funds through a monitoring system may well be part of the answer we are all looking for.

We must not lose sight of the fact that social programs cost money, require people to administer them, and can only work if people support them.

Can the middle class American people afford more social programs? Perhaps we should just improve the ones we have.

Thank you for sharing your time to listen.

Respectfully yours,

Louis R. Teceno, PHM
Executive Director

LRT/as

COBB - TRYGSTAD - ANDERSON
AMERICAN LEGION POST 397
BOX 155
HOLTON, MICHIGAN 49425

March 22, 1990

Senator Donald Riegle
United States Senate
Washington, D.C.

Robert Burns
7792 St Huberts P.O. Box 383
Hesperia, Mi. 49421

Dear Senator;

Thank you for asking me to attend your hearing on the homelessness to be held in Detroit. I am sorry that i wont be able to attend, as my age makes it difficult for me to drive so far. I do agree that the homelessness problem is really getting worse as time goes by; and the only remedy that i can see is for our Goverment to the funds this project. As the old saying goes, charity begins at home, and if we reduce our foreign aid by half we would have the funds to solve this problem. I am sure you will get a lot of input at your meeting, and a lot better ideas than mine, I wish you lots of luck in solving this problem, and if i can be of any service in the future please feel free to call on me at any time.

Sincerly
Robert Burns
Robert Burns

CITY OF MOUNT CLEMENS
ONE CROCKER BOULEVARD
MOUNT CLEMENS, MICHIGAN 48043
(313) 469-6805

OFFICE OF THE MAYOR

MAYOR QUINNIE E. CODY

March 23, 1990

Senator Donald W. Riegle, Jr.
United States Senate
Washington D.C. 20519

Dear Senator Riegle:

Thank you for your letter of March 5, 1990, regarding the homeless in our nation. I, like you and many other citizens, are very concerned about this great tragedy in our society. It is almost a daily happening that you see people walking the streets, without homes and without any hint of what will happen to them tomorrow. City officials and administrators are troubled by this, and I can tell by your letter that you are too.

I am sure you will be furnished with many stats to prove how many homeless we have in Macomb County, and especially Mount Clemens. But, just to review with you, if I may, some of the information that I have is that we have 2,280 persons who were provided shelter for a total of 21,147 nights. An average of 21 persons a night was recorded by Macomb's Answer to Temporary Shelter, while 25 - 30 persons per night stayed at Macomb County's Rotating Emergency Shelter Team. We are limited in the number of people we can accommodate because of the number of beds available. We served approximately 55,113 meals to shelter residents during this year. In addition, there were 1,019 nights of shelter provided by local motels to compensate for the over-flow of shelter demands.

We are concerned because we hear the churches, the Salvation Army and local parishes are constantly asked for help and each one carries their own log of how many people they give food and shelter to. It is very disheartening to know that many of these people are repeaters, but they know that they will find encouragement and at least money for food and clothing, which is the best that these organizations can provide.

I do not know, from my research, just what age group we are talking about, although the average is considered to be about thirty years old. However, as I see them on the street, I see that many are much older than this and that is frightening to me. They seem to be people without proper health care, and when you try to talk to them, they become very moody and do not want to reveal anything about themselves. I have mentioned this to the people I have discussed this issue with, and they seem to have the same opinion. It seems that these homeless people have somehow concluded that no matter what questions you ask, you are trying to pin them down and make them responsible to a local area, or local directoryship, if you will. I find this very disturbing as I try to give the people who find shelter at the church someone to talk to. I want to make them feel at home, and mention that the reason we are asking for information is because we would like to get some concrete information to forward to you and others who hare your concern, so something can be done to eliminate this horrible situation.

We see lots of children and mothers who ask for emergency shelter. Some of that is due to violence in the home, etc. Much is to be done in the studying of these things. I think that we have to have an agency somewhere that is responsible to see that we have proper data, and until we have proper data, I don't know how you can answer how much is needed. We must take care of them as they come up, and we must have a way to do it. We also believe that a lot of our homeless people are transient and drift from city to city. Ofttime they are here on the first bus at 7:00 in the morning out of the City of Detroit. We believe that these people think they are better treated here or they have a better chance of survival. We have, in my opinion, more people of this variety than most cities, but we do know where they are and we see them each day.

Senator, we ask you to please, in your wisdom, help us to serve these people better and try to direct them in the proper way. We do not know enough about them to make any recommendation because as I said, the information that we have been trying to get is not always available, and sometimes it is very hard to get information enough to establish where they came from and what they are doing on the streets. We believe that some way these people can be reached and that there should be effort put into that direction.

I am sorry that I was not able to come to your meeting, and I submit these comments only for your edification. If we can be of further help to you and your committee, I would be most happy to comply in any way.

Thank you again for being so considerate. I remain

Quinnie E Cody

Quinnie E. Cody
Mayor of Mount Clemens

QEC/ea

HOUSING NOW!

HOUSING NOW!/Grand Rapids
144 E. Fulton, Grand Rapids, MI 49503
(616) 774-3886

March 25, 1990

The Honorable Donald W. Riegle
United States Senate
Washington, D.C. 20510

Dear Senator Riegle,

Housing Now!/Grand Rapids is a non-profit membership organization devoted to advocacy for affordable housing. Our membership presently consists of over 25 organizations (copy attached for the record) and 91 individuals. We are happy to have the opportunity to participate in this hearing and offer our remarks.

To that end, the following comments are submitted in response to your request for testimony regarding homelessness and affordable housing for the consideration by the Senate Banking, Housing and Urban Affairs Committee.

THE HOUSING CRISIS IN GRAND RAPIDS, MICHIGAN

Our community, Grand Rapids, Michigan, is often considered to be ahead of many other cities in its response to the growing problems of homelessness. People point to our strong work-ethic and exceptionally strong religious commitment as well as a history of modest real estate prices for communities of our size and influence.

And yet, even in Grand Rapids, there is a problem of crisis proportions. The United Way's "First Call for Help" received over 900 calls in 1989 from people who needed immediate shelter 'tonight' (28% over 1988). An additional 2375 calls were taken from people who, because of lack of funds or eviction, were in eminent danger of loosing their homes or apartments (15% higher than 1988).

Including rescue missions, emergency shelters and SRO hotels, we count almost 1,000 homeless persons. But that figure fails to include the "hidden homeless," those doubled and tripled up with relatives and friends or those women and children living in abusive and harmful circumstances who have no alternatives. Counting these, local human service agencies estimate a population of between 3,000 and 5,000 homeless men, women and children in greater Grand Rapids.

Our greatest needs are an increase in both emergency and transitional housing for homeless families on the one hand and a growing stock of permanent low-income affordable housing on the other. Creative local efforts are in the works, but we simply can not keep up with the growing need.

In a city traditionally known for homeownership, the rate for young families is declining as the median price for homes sold through the reality board has risen to over $75,000, a figure low by Washington, DC standards, but over twice the price of the average home sold less than 10 years ago and out of the reach of many.

Rental rates and utility costs have risen steadily and now equal $450.00 for a two-bedroom apartment at the HUD assigned Fair Market Rate. At federally determined affordablity rates (30% of gross income for housing costs), a household with one wage earner would need a 40 hour per week job paying over $9.00 per hour to afford such an apartment. In today's service economy, there are just not enough of these jobs.

Subsidized public housing in our community consists of approximately 700 units of which 466 are elderly. The waiting list for Section 8 vouchers and certificates was purged and frozen last September leaving 1,400 households on the list. The family at the top of the list for a 3 bedroom unit was placed on that list in December of 1986.

SUPPORT FOR HOUSING OPPORTUNITY PARTNERSHIPS (HOP)

Senator, as I have written before (3/5/90), let me reiterate our community's need for the HOP provisions in the National Affordable Housing Act, S.566. Grand Rapids has a strong network of non-profit and other organizations well-equiped to provide housing and housing related services in an effective and efficient manner. We do not lack for good honest ethical intention, we do not lack for creativity or commitment. Our lack is a consistent partner funding from the federal government.

COMMENTS ON HOMEOWNERSHIP

Without a doubt, the average financial net worth of retiring individuals who have owned their own homes far exceeds that of renters. However, the true crisis in our community is not one of tenancy, it is one of affordability and availability. Yes, we need programs to encourage homeownership. But we do not need programs which increase the rate of middle income level ownership by further reducing the rental housing stock affordable by low-income people.

Our fear is that the Administration will lead the charge to divert the national focus and in effect "buy votes" from those most likely to vote. The needs of low-income people are well addressed in the National Affordable Housing Act, S.566, and we encourage you to maintain the balance which seeks to address the needs of all our citizens in an interconnected and interdependent manner.

We need more affordable housing for low-income households. We also need better ways for moderate income people to transition out of housing stock which could serve the needs of lower-income households. We do not need media fanfare anecdotally focused on atypical housing project conversions.

Senator Riegle, thank you for the opportunity to join with many others to provide these comments for the record.

Sincerely yours,

Rev. Henry M. Kroondyk
Executive Director
Housing Now!/Grand Rapids

90 MAR 28 PM 12:50

8444 Webster Road
Clio, Michigan 48420
March 26, 1990

Responding to the call for testimony regarding housing for the homeless:

Erma Barber

As a member of the State Alliance For The Mentally Ill of Michigan, and also a member of the Genesee County Alliance For The Mentally Ill AMI, a cry so often heard is where to find decent affordable housing for a relative who suffers from a mental illness.

As State AMI family coordinator for the next edition of "Care of the Seriously Mentally Ill: A rating of State Programs," I have sent a questionnaire to AMI family members in forty-five of the Community Mental Health catchment areas. To date fourteen of these have been returned, and all list safe, affordable, supportive living housing to be a number one concern and priority for them. - There just isn't any anywhere!

According to the last edition of the "Ratings of the State Programs" 800,000 persons suffering from a brain illness live with their families another 150,000 live in shelters or on the street. Parents are aging, and it concerns us all that when we are gone our child, too, will be counted among them.

Affordable, decent housing is so desperately needed.

Submitted by:
Erma Barber, member of State & local AMI

HEARTSIDE
MINISTRY

March 22, 1990

Sen. Donald W. Riegle, Jr.
100 Michigan NW
Grand Rapids, MI 49503

Re: Testimony for Housing Hearing
March 26, 1990

Dear Senator Riegle:

Thank you fo[illegible] opportunity to testify on behalf of those who are so seldom s[illegible] and less often heard from, the homeless poor of our cities and rural areas. Their conditions have rendered them voiceless and the blindness of our communities has rendered them invisible. But they have names and faces and they need your advocacy.

I work as a minister to the homeless in Grand Rapids, one of a team providing integrated health care services to the people of the Heartside Neighborhood. In the Heartside are those who have been de-institutionalized, those on whom society has given up, those who have given up on themselves. Their needs are multifold...but they begin with housing. You know that no federal money has been forthcoming in the last decade -- other than Stewart McKinney Act funds -- to generate new housing units. You know how deeply the HUD budget has been cut. We must restore adequate funding to HUD and give Secretary Kemp the latitude to run that Department. The abuses of Kemp's predecessor are awful; they must not be used as an excuse, however, to maintain unconscionably low HUD funding levels and, thus, penalize the poor.

We have watched, during the seven years that Heartside Ministry has been working with the homeless, as that population has grown dramatically. The soup kitchen in Grand Rapids that was providing meals for 100 in 1983 now serves 200-400 on a typical day and up to 600 at the end of the month. The rescue missions that always had open beds in 1983 today have 20-30 people each night sleeping on the floors as the beds are filled...and that in spite of the fact that shelter beds have increased by over 200% in that same period.

Serving Christ in the City

46 South Division
Grand Rapids, Michigan 49503
(616) 451-0508
Rev. Dr. George G. Beukema

54 South Division
Grand Rapids, Michigan 49503
(616) 235-7211
Rev. George K. Heartwell, Jr.

Senator, these people have names and faces that are known to me. They come from homes with mothers and fathers . Some are married. Some are parents themselves. They laugh over the same things that you and I find funny. They cry when they are hurt or when their children are hungry. It is for them that I testify. It is for their well-being, I know, that you serve.

Please provide leadership in returning to the federal budget an amount for housing for the poor that can begin to tackle this large, and growing problem.

Sincerely,

Rev. George K. Heartwell, Jr.

GKH/kg

Detroit City Council

Detroit, Michigan 48226

MEL RAVITZ
COUNCILMAN

March 27, 1990

The Honorable Donald W. Riegle, Jr.
United States Senator
1850 McNamara Federal Building
477 Michigan Avenue
Detroit, MI 48226

Dear Don:

Enclosed is a statement on the homeless I was invited to present at your March 26th hearing. I'm sorry I could not attend the hearing but feel free to use any or none of the paper enclosed.

Please have one of your staff inform me what portion you plan to include in your testimony.

Best wishes.

Sincerely,

Mel

MR:ab

enclosure

The Homeless as Symptoms

Any serious consideration of homeless people in our society must recognize several basic truths:

1) that although we do not know how many people fall in the category of the homeless, we do know that their number seems to be increasing; 2) that our efforts to provide shelters, food, beds, health care for the homeless are insufficient and inadequate and that there are always many more of them than we have resources to help; 3) the homeless are not homogeneous; included among them are those footloose men and some women who were known as the hoboes, the vagabonds, the itinerant persons of a generation and more ago; another segment of today's homeless population are those developmentally disabled and mentally and emotionally disturbed persons who in times past were sequestered in state hospitals but who are now on the streets of the nation, all too often without sufficient facilities and support resources available to them; also among the homeless some of what has come to be called the "underclass", that grouping of persons who are often drug addicted, criminally active, welfare dependent, functionally undereducated and unemployable; still another portion of the homeless population these days---and probably its fastest growing segment----are those people who not too long ago were working and managing to support themselves and families, but who lost their jobs for various reasons. Today many of the homeless are entire families, including a majority of women and children, but whose adult members cannot find work because they

have limited marketable skills and no settled residence. It is this latter segment of the homeless that can most easily be rehoused, provided society cares enough about them to retrain them and make jobs and housing available to them; and 4) the homeless are among that even larger category of Americans we call the poor. To be sure, not all the poor are homeless, but all the homeless are poor. And therein lies 5) a fifth truth we must appreciate if we are to resolve the problems of the poor, including the homeless, in any realistic curative manner. That truth is that the homeless as well as the other poor generally are symptoms of this society. True, the homeless as well as the poor may also be victims of many personal deficiencies or institutional circumstances, but they are also and more fundamentally symptoms of a social order that emphasizes acquiring money and power and which encourages its members to look out for themselves and not others.

The homeless as well as the poor generally are symptoms of a society that talks about housing for low and moderate income citizens and even enshrines that rhetoric in the phrase: " A decent quality home for every American", but which, forty years after the phrase was coined, produces more homeless people than ever before and fewer new housing starts.

The homeless are symptoms of a society that seems to have no ennobling vision of its own future, but which appears to be careening toward the greater disaster of producing more and more homeless and poor people each year.

The homeless are symptoms of a post industrial social system that produces laid off workers with accelerating regularity as its factories close, relocate, reduce their personnel in favor of advanced technology. Increasingly our society no longer has economic need for human strength or even presence, but has, so far at least, failed to offer sufficient, effective quality education and retraining as well as realistic alternative work for those who complete the educational cycle. It should be no surprise why so many drop out of our high schools; they see little future in staying in when their older relatives are unemployed and in some instances unemployable on today's job market. In this regard, it is fair to note that many corporations in our society are without much loyalty to their employees or to the localities that nurtured them. These corporations, many of which are now multi-nationals, have a basic loyalty only to their profit line. They are truly international, no more concerned about the lives of the people of one country than another, but focused on generating maximum profit for their worldwide investors. Society has produced these corporations as well as the homeless; both are symptoms.

Ours is a society that is now becoming more sharply divided into working and non-working categories. Non-workers lack the means to buy shelter or food or health care or quality education. It is thus a category that is destined to remain or become alienated from the society even as it seeks to survive within it. Its members are without much hope of anything better; for them there is little risk of loss in anything they do. In short, our society has become a house divided: the workers and the non workers, the well enough off including the wealthy, and the poor including the homeless and that uncertain segment that lives in constant fear of plant closing, relocations, unemployment.

If we remember our history, we should recall that it was Lincoln who pointed out that a house divided against itself cannot stand, that a country could not survive half free and half slave. Today's counterpart comment must be: that a nation that is half affluent and half poor cannot long endure.

The aim of these observations is not to promote more money for this or that program of the homeless, although that is so obviously necessary; others will cite chapter and verse of the woeful inadequacies of the President's budget proposals in that regard.

My purpose is to underscore emphatically that so long as we fail to recognize the homeless among us as symptoms of the prevailing values and institutions of our society, we will continue to engender a growing supply of homeless people.

It is correct and easy to say that we need more money and programs for the homeless and the poor. It is far more difficult to recognize that the only policy that will begin to reduce the number of the homeless and the poor is one that reexamines the society's deepest values and the social structures that are built on those values and then seeks to change them.

Our society requires a different vision of itself in and for the future. We must have an inclusive vision that recasts Lincoln's wisdom about a divided society in twenty first century terms. Although it is good for us to feel compassion and sympathy and human concern for those less fortunate than ourselves, the driving motivation to refashion our society based on a more cohesive vision must be the stark recognition that our social system cannot survive unless that integrated vision is made real.

Today's growing homeless population together with the other sections of the American poor should remind us that although many have enjoyed political freedom for a long time, a large and growing number of our fellow citizens are trapped by their failure to gain full social and economic opportunity. One result of that failure has been the division of the society into separately coalescing social classes with an underclass that is steadily expanding and requires major help, other homeless people who want to settle down and work, but who cannot do so, and a working class that lives in daily fear of plant closings, foreign competition plant relocation, forced concessions, and a seeming insensitivity to their basic human needs.

It should be amply clear why so many lower income citizens ignore the elective process; without full social and economic opportunity, too many feel that their political freedom isn't worth very much. Although they are wrong, those without homes, without jobs, without health care, without social dignity and often without hope, sometimes believe that voting on election day doesn't really matter. To many of them, Democratic and Republican parties spell the same result; neither party has succeeded in advancing the democracy revolution to include effective social and economic opportunity for all Americans. Some question if either party is truly trying.

It is more than a bit paradoxical that as we struggle with our own internal divisions, we are viewed by many people across the world as an inspiring example of democracy. All eyes are on us as people of various nations have risen in revolt against totalitarian governments and have reached out for greater measures of political freedom. And they have been remarkably successful, especially in recent months. What has happened in Eastern Europe is no less astonishing than what has happened in South Africa. Their common objective has been and is to achieve the political democracy we have generally long enjoyed in the United States. That is true even though only recently have southern blacks been able to vote freely and it was not until this century that women were granted that right. Despite these historical limitation, the United States is viewed worldwide as the place where today political freedom is at its peak.

But, because they choose us as their model in their quest for democracy, they, and we, need to understand that achieving political democracy does not in itself assure social and economic democracy. Merely look around at our sharply dividing society.

Our fundamental task then in the immediate future, before we disenchant any more people, either at home or abroad, is to complete what might be called "the democracy revolution". Social and economic opportunity of a realistic kind must be made effectively available to the millions who do not now enjoy it. As the model of a world yearning for democracy we must demonstrate that it can be achieved in full measure for all citizens, including homeless and other poor people.

Nor will it be sufficient merely to raise a few more dollars each year for our private social agencies. That of course is desirable but it won't complete the democracy revolution. At best it will help a few more of society's casualties, no small thing in itself, but not nearly enough.

To complete the democracy revolution we require a modernized national economic system that assesses the considerable resources we have and then utilizes them to the advantage of all the members of the society, both the millions who live in big cities and the large numbers who live in small towns and on farms. Old remedies for dealing with an ailing economy don't work anymore, and we do have an ailing economy when over 5% of our work force is unemployed. That percentage translates into about six and a half million people and they provide for another ten to fifteen million dependents. Lowering the tax on capital gains, or even cutting the payroll tax on social security will not relieve the long lines of the unemployed, feed the hungry and homeless, or motivate those who need education and training. Our's must become a much more carefully designed economy that regularly assesses the needs of the people and the quality of living they desire and then decides to produce goods and services to meet those needs at an acceptable quality level. It cannot remain an economy supported by the enormous cost of military forces used periodically to assure profitable American markets overseas. That era is gone. Our's must become an economy that more equitably distributes the products it produces among all the people of the society. No longer can we allow American affluence to be based on the exploitation of either American or foreign citizens.

In addition to making long overdue changes in our economic institution, we must also do a number of other basic things if we truly want to enhance the democracy revolution.

Inasmuch as so many homeless people live in cities, it is essential that government help these cities to continue their basic services. Many cities have had to reduce their vital services because they ran out of money. Detroit is in current danger of having that happen soon. The federal government must restore various urban grants and strengthen revenue sharing to enable cities to maintain basic public services, even as these cities struggle to rehabilitate themselves and their neighborhoods and infrastructure.

In addition to rebuilding our cities, we will also have to reckon with the existence of a sizable segment of the poor that no amount of wishing can eliminate. This population is a bitter cultural fact; it is the product of racism, class exploitation, ignorance and greed. Somehow it must be absorbed, digested, integrated with the rest of the society, or else it will remain alien from the society and hostile to it.

Integrating this poor population will be neither easy nor inexpensive. It may not even be possible for all its members; some may have become so apathetic or so hostile to the dominant culture that no resocialization efforts will succeed. But that effort must be made.

I have tried to be as candid as possible in evaluating where we are and where I believe our society is headed. There is an indivisibility between and among our various social institutions. We will not make our cities livable, we will not improve the quality of life of our people, we will not keep our suburbs safe, we will not save this society from cleavage and conflict, we will not long remain the freedom model of the rest of the world unless we are prepared to bring about important changes in our institutional ways and in our lives. There is no point deceiving ourselves that American society can be revitalized while so many of our citizens are homeless, unemployed, uneducated, drug addicted, sick, and hopeless. The only approach that will make any real difference is one that seeks to create a comprehensive national economic plan backed with the resources to carry it out as well as the enthusiastic commitment to provide housing, jobs and education for the poor, and to do everything necessary to resocialize our rising underclass and rebuild our cities.

What I am proposing then will require intelligence, courage and faith. This society belongs to its people, or at least it should. So too do its resources.

If we have had enough of unemployment, racial and ethnic hostility, urban decay, drug addiction and violent crimes, we may be ready to come together across lines of race and class to build a better America more in accord with our higher hopes and our treasured rhetoric. The American spirit of social justice is not dead nor has the American capacity for effective, creative leadership failed. It is time Americans roused themselves to their revolutionary heritage and began at last the completion of their full democratic potential. The urgent needs of many of our own citizens who---in Dr. King's words--- "languish on a lonely island of poverty in the midst of a vast ocean of material prosperity" demand it. And now the eyes of the entire world are upon us.

Mel Ravitz
Detroit City Council
March 26, 1990

MRS GRACE CROW
10445 Mckinney
Detroit,Mi 48224

TO WHOM IT MAY CONCERN I MRS GRACE CROW
would like to submit my written testmony to be included in the official transcript concerning the homeless.

1.There are two many boarded up housers in.Michigan that the homeless could be living in and i do not mean free of charg nither, if they do not have a job give them one and allow them to pay what ever shelter cost that their income allow to. them to.

2.Concerning the homeless kid,s there are good reseptable people,s that i know of that would love to take in some of these homeless kid,s and would provide a good home to them.There are also already State licesen foster care provider,e that i know that desire to take in more of these kid,s but do not have the room for them .so what i suggest is that the.State or Government will start to provide financial help to these people,s for larger houser,s that are not able to purchase them financial them self,s so that thire might be more girl,s and boy,s that will grow up to be reseptable young men,s and women,s and an asset to their country instead of a liability .I my self am a.State licensen foster care provider to two lovely girl,s whom one i have adoped and are in the process of adoping the other one,when i first gotten them i was told that they were almost an hopeless case but i refuse to believe that they wrer also seeing counselor,s but after they had came into my home to live i begin to work with them i started by getting them to see that no one else can change for them that this is something that they are going to have to do themself.plus they were given much love and affection their grade,s came,s from E,s to B-C and their citinship from 3to 1-2 the people,s that known them before i gotten them did not wont to believe that these were the same kid,s in a bout an month and a half they did not no longer need counseloring .all these kid,s out here need is love and understanding which some of them have never known i know in my heart that someday these kid,s that i have grown to love as my own will not for get the love and understanding that have been given to them and that someday they to will reach out to someone that are in need and say just because i care.I to would like very much to take in some more of these homeless kid,s but are not financial able to afford a larger house.I would like to know if the.State or Government will supply fund,s for this purpose?

yours truly
mrs Grace Crow

CHILD WELFARE LEAGUE OF AMERICA
FAMILY SERVICE AMERICA
ASSOCIATION OF JEWISH FAMILY
& CHILDREN'S AGENCIES
• • •
BENEFICIARY OF
UNITED WAY
ALLIED JEWISH CAMPAIGN

JEWISH FAMILY SERVICE 24123 GREENFIELD ROAD SOUTHFIELD, MICHIGAN 48075 (313) 559-1500 FAX (313) 559-9858

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April 4, 1990

The Honorable Donald W. Riegle, Jr.
United States Senate
1850 McNamara Federal Bldg.
477 Michigan Ave.
Detroit, MI 48226

Dear Senator Riegle:

We at Jewish Family Service wish to address one aspect of the problem of homelessness, namely the problem of the homelessness of children.

The fact that there are so many homeless children in the U.S.A. today, despite our vast resources, should be a source of shame to us all. Simply focusing on the manifestations of the problem in a superficial way and not upon the causes of homelessness among children, exacerbates the situation. For example, we were distressed to learn that the Department of Education is requiring several states to have a state plan for the education of homeless children. Such capitulation on the part of the federal bureaucracy is a sign that something is seriously wrong with our system.

We would strongly urge that any legislation contemplated by the Senate in response to homelessness have as a number one priority a plan that would provide a home for every child. Children can be neither nurtured nor educated when they have no home to live in.

Specifically we would hope that such legislation would have provisions to address the following flaws in public policy.

1. Delays of up to 45 days to establish eligibility for ADC when people are unemployed inevitably leads to loss of rented homes through eviction unless an effective Emergency Needs Program is available to stop utility shut off and eviction. The relatively few dollars spent in this way to prevent losses of homes for families seems to us to be a good investment and Welfare Departments should be prevented from using long delays in establishing eligibility for ADC as a means of "worming out" low income citizens.

2. The "gentrification" of present stocks of low income housing is removing the homes of low income families and contributing to homelessness. If

SERVING METROPOLITAN DETROIT (WAYNE, OAKLAND, & MACOMB COUNTIES)
Accredited by Council on Accreditation of Services for Families and Children

we can set aside "wilderness areas" as national parks and forests, surely we could do something similar to "preserve" affordable and safe living environments for low income citizens. As an example, stocks of low income housing could be designated as "historic" neighborhoods and declared off bounds to "developers" and "restorers" who want them for luxury condominiums and apartments.

3. A special housing authority (perhaps within HUD) should be created to identify families with children who are homeless or about to be homeless. This authority should have the power to coordinate the efforts of all federal, state and local resources public and private to find housing for such families on a temporary and then a permanent basis.

The impact of homelessness on so many of our country's children should not be underestimated. Our children are our future, and deserve our investment. Although they are clearly linked, we believe that our children should come first. Once the problem of homeless children has been adequately addressed, we can turn our attention to the problems of homelessness for other adults.

Thank you for your attention.

Sincerely yours,

Alan D. Goodman
Executive Director

jt

Downriver Community Conference DCC

15100 NORTHLINE / SOUTHGATE, MICHIGAN 48195 Phone: (313) 281-0700

JAMES L. JONES
Executive Director

March 15, 1990

The Honorable Donald W. Riegle, Jr.
United States Senator
1850 McNamara Building
Detroit, MI 48226

Dear ~~Senator Riegle~~: Don

I was delighted to receive your notification regarding your hearing on homeless. As you noted, the Downriver Community Conference (DCC), has become exceedingly concerned with this growing problem.

While I am not an expert on this critically pressing problem, I nevertheless, do have some thoughts that your committee may find pertinent in formulating a plan of action. The sooner action is taken, the better, since too many families and individuals, frequently through no fault of their own, are already facing the burden of homelessness.

I'm certain that I am not alone in believing that a great number of American families are only a paycheck or two away from finding themselves out on the street without anywhere to turn. It's obvious then that some type of program must be started to deliver help besides charitable church groups, etc.

I feel compelled therefore, to offer our skills, talents and assistance in helping people to help themselves, whether it's employment & training, drug treatment assistance or home weatherization. It's obvious that people, many our neighbors, need help. Homelessness can certainly turn to hopelessness and we're already aware of what problems can result from that situation.

The solution may be a simple procedure to adapt existing programs. This could be done by expanding the scope of the weatherization program, perhaps by permitting agencies, such as the DCC, to restore/ renovate an abandoned structure. Besides making it habitable, this would be removing a neighborhood blighted "eyesore" that returns value to the entire neighborhood while also providing a home to the homeless family.

[redacted]
Page 2

As Chairman of the Senate Committee, I'm sure that you have already considered numerous options, plans and proposed programs.

With that in mind, I believe that someone, starting with me, must not only be concerned in the problem, but must also step up and offer to do something. I assure you, that the Downriver Community Conference stands ready, willing and able to assist in any programs that will help remedy this homeless situation confronting us all.

As the proverb goes..."the longest journey begins with the first step"...or, as another, more modern saying is..."it's better to light one candle than to curse the darkness."

We will be at the committee hearing Monday, March 26th. We hope to be a small part of the solution which, hopefully, will include expanding existing programs as a start, while more complete programs, such as the National Affordable Housing Act (S 566), are being reviewed and hashed out.

I, as well as representatives of our organization, will be present to explore any and all federal initiatives that may be needed to take action. This includes perhaps, some type of community development authority which could or would finance repairs to homes. This again would allow people in dire need, hope, as well as a safe haven in time of need.

We look forward to seeing you on Monday, March 26th.

Very truly yours,

Jim

James L. Jones
Executive Director

JLJ/LJS/cm

BALDWIN AVENUE human services center

Dr. Patricia A. Meyers, *Executive Director*

Sylvia A. Wheeling, *Food Service Director*
Alice E. Hairston, *Shelter Director*
Kathy A. Smuk, R.N., B.S.N., *Health Care Director*
Winifred Covintree, Rebecca Reedus, *Development Officers*

March 26, 1990

The Honorable Donald Riegle
Wayne/Monroe Regional Office
1850 McNamara Building
Detroit, MI 48226

Dear Senator Riegle,

Enclosed is written testimony which I hope you can include in the official transcript of todays hearings on "Housing Michigan's Homeless: Searching for Solutions."

Sincerely,

Winifred Covintree

Winifred Covintree

212 Baldwin Avenue • P.O. Box 3960 • Pontiac, Michigan 48059 • (313) 332-6134 • 24-hour Shelter phone: 335-7450

BALDWIN AVENUE human services center

Dr. Patricia A. Meyers, *Executive Director*

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Winifred Covintree, Rebecca Reedus, *Development Officers*

March 26, 1990

The Honorable Donald Riegle
U.S. Senate
Washington, DC

Dear Senator Riegle,

Our work at the Baldwin Center brings us into daily contact with men, women, and children suffering from the consequences of poverty in northern Oakland County. Our soup kitchen volunteers serve over 300 people a midday meal every Monday, Wednesday, Friday, Saturday, and Sunday. Our emergency shelter is almost always at capacity – providing lodging for up to 20 adults and several children who occupy cribs.

Though many factors contribute to poverty, lack of affordable housing combined with low wage jobs seem to be key ingredients in the situations we see day after day. Compounded by drug abuse, high unemployment, family instability, and a litany of other problems that I am sure you can recite only too well, the picture from our doorway can look very grim indeed. Of particular concern to us are the scores of children who have spent many nights in our emergency shelter, who eat in our soup kitchen regularly, and whose wardrobes consist of the castoffs donated to our clothing closet. At any time, at least 40% of those staying in our shelter are sure to be children. Today we have 13.

Recently a minister brought his confirmation class to the soup kitchen on a Sunday afternoon. Though he is no stranger to our facility and our clients, he was startled when he looked at the "poor" soup kitchen kids when compared to his bright-eyed confirmands. The vacant looks in their eyes contrasted starkly with the bright eyes of the well nourished confirmands. His comment was, "We have succeeded in creating two very separate and unequal societies." Is this what our government condones?

We are concerned about the concentrated difficulties seen in Pontiac and our other urban areas. I know you share the same concern for our citizens and neighborhoods. We must not throw away our neighbors because we know, like our cans and bottles and newspaper, they do not disappear. Certainly, providing less than what is needed for basic survival is very poor conservation of our human resources. I know you support legislation which addresses human needs and I very much appreciate that leadership. Agencies such as ours are really only bandaids. We need well reasoned federal intervention to help stop the cause of the bleeding. Progressive housing, anti-hunger, and health care legislation will benefit our clients greatly. For some it is a matter of survival. We are hopeful that the National Affordable Housing Act will quickly pass through the legislative process and that its low income rental assistance component will remain in tact. Many of our clients are several steps removed from home ownership. They need assistance in stepping into the mainline housing market as renters. Revision and extension of the Emergency Low Income Housing Preservation Act seems another step toward this end.

We invite you to visit our facility and we would be happy to provide you with further information. Staff members in our agency have several years of experience in dealing with the poor of this area. Though we are located in Pontiac, our shelter provides a temporary home for people from other parts of Oakland County and the state. Unfortunately business is booming at the Baldwin Center.

We appreciate your leadership and look forward to continuing to work with you in the future.

Sincerely,

Patricia A. Meyers

Dr. Patricia A. Meyers

212 Baldwin Avenue • P.O. Box 3960 • Pontiac, Michigan 48059 • (313) 332-6134 • 24-hour Shelter phone: 335-7450

WESTLAND

Department of Community
Development/Grants/Housing

Robert J. Thomas
Mayor

James Gilbert
Director

March 18, 1990

Honorable Senator Donald W. Riegle, Jr.
Wayne-Monroe
1850 McNamara Federal Building
477 Michigan Avenue
Detroit, MI 48226

Dear Senator Riegle:

Thank you for your recent correspondence regarding the March 26, 1990 Senate Banking, Housing and Urban Affairs Committee hearing on Federal Homeless Programs. At this time I wish to enter into the public record a brief message from my perspective as a Michigan Housing and Community Development Director. My concern is that as we attempt to deal with the problem of homelessness, it appears we are forsaking some existing Federal programs rather than utilizing them to their fullest potential. With good intentions, the New Administration and Congress are working feverishly to develop a multitude of new programs to solve the homeless crisis. Limited funding for housing and community development programs will be spread even thinner; existing programs will be canabalized and disgarded; new programs will take years to plan and move into full operation.

My focus would be much simpler. Why not make the existing Federal programs, such as Community Development Block Grant, McKinney Act, Rental Rehabilitation, Urban Homesteading and Section 8 more efficient and productive. Why reinvent the wheel. The above mentioned programs, if reauthorized and adequately funded over a five to ten year time frame to allow for program development and implementation, could help ameliorate a significant number of our major social concerns including homelessness. Furthermore, if the above mentioned programs were deregulated and made simpler to use, more communities would be able to participate, with less administrative burden and at a lower cost per unit of service.

32715 Dorsey Road, Westland, Michigan 48185 (313) 595-0288

In closing, I ask that the Committee keep the number of new programs to a minimum and take another look at the existing programs we have in our stable of development tools. The answer may not be to create new but rather to rework and rethink the tried and proven.

Thank you for this opportunity to comment.

Very truly yours,

James Gilbert

James Gilbert, **Director**
Community Development/Grants/Housing

JG:az

cc: Ceceila Walker
Congressman William D. Ford
Sally Bud

EASTSIDE EMERGENCY CENTER'S RESPONSE TO COMMUNITY NEEDS

MARCH 26, 1990

TESTIMONY

MY NAME IS REVEREND ANN JOHNSON. I AM THE EXECUTIVE DIRECTOR OF EASTSIDE EMERGENCY CENTER, INC., (EECI), WHICH IS LOCATED AT 14320 KERCHEVAL, IN DETROIT. EASTSIDE, PROVIDES TEMPORARY EMERGENCY SHELTER TO HOMELESS MEN, WOMEN, AND CHILDREN IN CRISIS SITUATIONS.

THE NEED FOR TEMPORARY EMERGENCY SHELTER HAS NOT DIMINISHED. DURING 1987, EECI SERVED 2,269 HOMELESS MEN, WOMEN, AND CHILDREN AND TURNED AWAY 2,538 OTHER HOMELESS PEOPLE. HOWEVER, 2,257 MEN, WOMEN AND CHILDREN WERE SERVED IN 1988, AND WE TURNED AWAY 2,785 CLIENTS, WHICH IS AN INCREASE OF 10% IN DENIED CLIENTS. FROM JANUARY THRU DECEMBER 1989, EECI SERVED 2,988 HOMELESS PEOPLE AND TURNED AWAY 4,311. THIS IS AN INCREASE OF 7% MORE THAN THE SAME PERIOD THE YEAR BEFORE. YES,....THERE IS A GREAT NEED FOR TEMPORARY EMERGENCY SHELTER BECAUSE OF THE INCREASED NUMBER OF HOMELESS PEOPLE THAT WE WERE FORCED TO TURN AWAY. OVER THE PAST THREE (3) YEARS EECI, HAS PROVIDED TEMPORARY SHELTER TO OVER 7,514 HOMELESS PEOPLE.

WHY DO WE HAVE THE HOMELESS? DURING THE PAST TWENTY YEARS, AND FOR VARIOUS REASONS, THE SUPPLY OF AFFORDABLE HOUSING FOR THE POOR AND EVEN THE MIDDLE CLASS HAS DIMINISHED CONSIDERABLY. THE BOARDING UP, AND DEMOLITION OF SUB-STANDARD HOUSING, THE RISING HIGH COST OF HOUSING, AS WELL AS, THE HIGH COST OF RENTS ARE SOME OF THE MAJOR FACTORS.

THE MOST AFFORDABLE OPTION FOR MANY OF THE TARGET POPULATION IS FEDERALLY SUBSIDIZED PUBLIC HOUSING. THE CITY OF DETROIT'S HOUSING DEPARTMENT OVERSEES APPROXIMATELY 11,050 FEDERALLY SUBSIDIZED HOUSING UNITS. FEDERAL FUNDS FOR THE MAINTENANCE OF EXISTING PUBLIC HOUSING AND THE CONSTRUCTION OF NEW PUBLIC HOUSING HAS BEEN REDUCED DRASTICALLY IN THE PAST DECADE. MANY OF THESE HOMES ARE BOARDED UP DUE TO LACK OF FUNDS TO RENOVATE, AND MAINTAIN THEM. FUNDS HAVE NOT BEEN AVAILABLE TO BUILD NEW UNITS AND THE LACK OF THESE FUNDS CONTRIBUTES TO THE OVER-ALL PROBLEM AND SHORTAGE OF AFFORDABLE HOUSING FOR THE HOMELESS.

I WOULD LIKE TO POINT OUT SOME OF THE FACTORS THAT CONTRIBUTE

TO THIS PROBLEM: 1) WE HAVE A FAILING ECONOMY WITH ALMOST 75% OF HOMELESS WOMEN AND CHILDREN LIVING IN POVERTY ON INSUFFICIENT FOOD STAMPS. 2) HOMELESS UNEMPLOYMENT IS AT ABOUT 65%. 3) MOST OF THE HOMELESS ARE ON DRUGS OR SUFFER FROM MENTAL ILLNESS. 4) HIGH ENERGY COST, HIGH RENTS AND UNMARKETABLE JOB SKILLS ARE SOME OF THE MAJOR PROBLEMS WE ARE FACED WITH TODAY.

EECI AND ITS BOARD OF DIRECTORS HAS ESTABLISHED THE FOLLOWING GOALS AND OBJECTIVES FOR 1990-1991:

PROVIDE A TOTAL PACKAGE CONCEPT IN TRAINING AND EMPLOYMENT FOR OUR CLIENTS...BY:

- OFFERING TRAINING AND EMPLOYMENT PLACEMENT. WE HAVE WRITTEN PROPOSALS TO THE CITY-COUNTY BUILDING/ HART PLAZA FOR OUR CLIENTS TO BE TRAINED WITH ENTRY LEVEL WORK SKILLS IN THE CULINARY FIELD. WE WILL, IN CONJUNCTION WITH CLASSIC CATERING CO., DEVELOP A PLACEMENT SEGMENT, AFTER TRAINING IS COMPLETED. THIS WILL RELIEVE TAX DOLLARS AND RAISE THE CLIENTS SELF ESTEEM.

- TO SUCCESSFUL PROGRAM GRADUATES OFFER SUITABLE AFFORDABLE HOUSING.

- HOW WILL WE ACCOMPLISH THIS?

- WHEN FUNDED IMPLEMENT OUR TRANSITIONAL SHELTER PROGRAM WITH A "LEASE TO PURCHASE PLAN" FOR PERMANENT HOUSING FOR QUALIFIED CLIENTS WITH CHILDREN.

- PROVIDE ADDITIONAL SUPPORTIVE SERVICES TO HEADS OF HOUSEHOLDS, OR WOMEN WITH CHILDREN BY:

  A) IMPLEMENTING A LITERACY PROGRAM FOR SCHOOL CHILDREN, AGE 5-14 YEARS WITH LIBRARY AND COMPUTER TRAINING SKILLS.

  B) OPEN A DAY CARE CENTER FOR MOTHERS TO SEEK EMPLOYMENT OR OTHER SELF HELP SKILLS.

  C) OFFER PARENTING SKILL CLASSES SO THAT CLIENTS WILL LEARN HOW TO BECOME BETTER PARENTS.

D) OFFER OUT-PATIENT SUBSTANCE ABUSE DETOX FOR CLIENTS AND THEIR FAMILIES.

IN CONCLUSION - FAMILY PRESERVATION IS A KEY CONCEPT. EECI BELIEVES SOCIETY AND PROVIDERS SHOULD GO BACK TO BASICS. THE FAMILY IS THE CORNERSTONE THAT DETERMINES HOW VIABLE A PERSON, CULTURE, COMMUNITY, OR A SOCIETY WILL BE. STRONG FAMILIES PROJECT STRONG CULTURAL VALUES INTO THEIR CHILDREN AND THE CHILDREN IN TURN BECOME SELF SUFFICIENT PRODUCTIVE MEMBERS OF THE COMMUNITY.

WE ALSO BELIEVE THAT ALCOHOL AND OTHER DRUG ABUSE BEHAVIORS CAN BE SUCCESSFULLY OVERCOME BY A SUSTAINED, INTENSE AND COMPREHENSIVE EFFORT TO PROVIDE TREATMENT AND PREVENTION WITH A FAMILY ORIENTED APPROACH. EECI, HAS GONE BACK TO BASICS AND OUR ULTIMATE GOAL IS TO FIND THE WAYS AND MEANS TO OFFER AFFORDABLE HOUSING, MARKETABLE JOB SKILLS AND SUBSTANCE ABUSE DETOX TO OUR CLIENTS.

EASTSIDE EMERGENCY CENTER WORKS TO ENRICH AND PRESERVE THE FAMILY STRUCTURE. WE KNOW THAT WHEN WE ARE FUNDED AND IMPLEMENT THESE SERVICES WE WILL BRIDGE A VERY IMPORTANT SERVICE GAP IN THE COMMUNITY.

THANK YOU.

3-26-90 PK

DEAF OPTIONS
220 BAGLEY, SUITE 222
DETROIT, MI 48226
961-8118-TDD
961-8120-Voice

The Honorable Donald W. Riegle, Jr.
Wayne - Monroe
1850 McNamara Federal Bldg.
477 Michigan Avenue
Detroit, MI 48226

Dear Senator Riegle:

It's gratifying to see your work on behalf of the homeless citizens of our nation. We regret we will be unable to attend the Senate Banking, Housing and Urban Affairs Committee Hearing March 26, 1990 at Mercy College.

We have two concerns to bring to your attention. The first is that you not continue the tradition of so many of the govermental hearings by not providing a sign language interpreter to facilitate this meeting. There are 21 million hearing impaired citizens of the U.S. So often they are left out, unintentionally, of mainstream events that impact their lives. The opportunity to participate in hearings of our government is a right of all citizens. If we may assist with the provision of an interpreter, do let us know.

The second concerns new funding recently available for handicapped homeless persons. The traditional view of homeless persons as vagrants is changing. We are now seeing entire families being displaced. What is even more disturbing is the recent influx of handicapped persons who also find themselves without permanent housing. How sad. This presents a "double whammy" for the homeless person who is also handicapped.

At Deaf Options, we often encounter deaf persons who are in temporary situations and in need of permanent housing. All too frequently, landlords do not want the "burden" of a person on SSI or SSD and in need of some added accommodations. Deaf people have actually been denied housing based on their hearing loss. People with other physical disabilities encounter barriers in attitudes toward handicapped persons which are not only unfair, illegal, but just plain ignorant. The National Affordable Housing Act is a step in the right direction. Please continue to support legislation which will provide support of permanent housing for the handicapped.

A Service Provider of The Detroit-Wayne County Community Mental Health Board

The Honorable Donald W. Riegle, Jr.
Page 2
March 14, 1990

We appreciate all your efforts. Continue!

Yours truly,

Reichelle Anderson

Reichelle Anderson, M.A.
Executive Director

RA/fb

OZONE HOUSE

- YOUTH AND FAMILY COUNSELING
- INDEPENDENT LIVING PROGRAM
- TEMPORARY FOSTER CARE
- YOUTH ADVOCACY
- RUNAWAY COUNSELING
- CRISIS INTERVENTION

608 NORTH MAIN STREET ANN ARBOR, MICHIGAN 48104 • 662-2222

March 19, 1990

Senator Don Riegle
Central Regional Office
109 W Michigan, Suite 705
Lansing, Mi 48933

Dear Senator Riegle,

I am the Program Coordinator for Ozone House, a crisis intervention center for runaway and homeless youth in Ann Arbor. I was very pleased to hear of your interest in the problems facing the homeless, and to participate in the Washtenaw County meeting with Bill Wenzel. Although I am unable to attend the March 26th hearing, I would like to take this opportunity to submit written testimony on the problems facing homeless young people.

Each year, we receive more and more calls from homeless youth - young people who have been thrown out of their homes, have been living on the streets, come from families who are homeless, or are products of the "system," who have exhausted all other government resources. These adolescents are forced to make the transition to adulthood without any family support or resources. At Ozone House, we see homeless youth ranging from 12 to 19 years of age, often destined to become homeless adults, if there is no intervention or support provided for them.

Not only do these young people need concrete financial resources and employment/education training, they also need the emotional support necessary to become self-sufficient adults. They often present histories of abuse, neglect, depression, economic hardship, chemical dependency (their own and/or a family member's), multiple placements, and psychological problems. These youth are caught in the grey area between adolescence and adulthood - they are not eligible for adult services, yet are unable to support themselves. They cannot legally sign leases or complete their education or even find jobs which would enable them to live independently.

To better understand the problems facing homeless youth, I have enclosed a letter written by the young people, themselves. This was written by two homeless clients, an 18 year old pregnant female, who had been physically abused and thrown out of her home at the age of 16, and a 17 year old male, who had been kicked out of his mother's boyfriend's home and living on the streets for the past two years. Although the youth request that their names remain anonymous, we would like to add this to Ozone House's written testimony for the "Housing Michigan's Homeless" hearing.

If there is any other information which I can provide regarding the plight of homeless youth, please free to call me at (313) 662-2265. Thank you for your time and consideration.

Sincerely,

Cassandra Benjamin
Program Coordinator

TO WHOM IT MAY CONCERN:

We feel it is our responsibility to voice our opinions on the homeless. are client's at Ozone House and as client's we feel that the county should help. At Least put in some support to the Controversy.

We have been picked up by the Police Department for Loitering. The reasoning behind this is because we have no where else to go and because some we have to survive. They are not even sure how to help us. Our object of thi is to have someone to listen to why we have become a disgrace to society. We do not belong behind bars or in some Detention Center. We need help. We are not asking for money. We are asking for someone to help in any way possible.

We have tried Shelter's but because of our age and being under the age 13 we are unable to recieve thier services. Ozone House alone can't help all th homeless by themselves. We all have different reasons for being out on the streets. It is not neccessarily our faults for being in this predicament. We fe if we had the chance to reunite with our families we would. Even though we have Emancipation Papers that does not even seem to help us except say that parents do not want responsibility of us.

The City of Ann Arbor has a denial that there are homeless people out there on the streets. But we can tell you from being out there that there are lot of homeless out there. We are homeless. We have tried to contact Organizations to help us but a lot of them do not understand.

From experience we have seen that there are more homeless in Ann Arbo than in Detroit. Society recognizes that there are homeless in Detroit but wh not recognize that there are homeless in Ann Arbor. We can no longer ignore t fact that there are homeless right out on your street.

We do get lots of support from Ozone House but that does not exactly h us to survive. We are not out here because we want to be. We are out here because there are no other alternatives for us to turn to.

The City of Ann Arbor is trying to get more people back in school to get an education but the majority that drops out of high school are homeless teenagers. If we had the chance to go bcak to school we would finish our education. Even working a job at $4.50 an hour does not exactly help us to fin a place and keep it. It's not like we are not trying to help ourselves. Some us are on assitance and working but that does not meet the income we need to make to find a place to live. They (the people say we need to make so much to live in certain places) so we are unable to find a place to live. We are sur we could make it if we had the chance to.

What about the discrimination against the people who are on ADC and General Assistance? This is supposed to help us make it but the discriminati is what is killing us. Maybe that is the only way we can survive is with Financial Help.

We are coming to Society for any suggestions and any help. We are unal to provide for ourselves. We would appreciate any help that any one can offer.

Metropolitan Baptist Tabernacle
The Church for Everybody Serving the God for Everybody
930 EAST MYRTLE STREET FLINT, MICHIGAN 48505
PHONE SU 7-9731

MINISTER
REV. A. J. POINTER, PASTOR
911 E. MYRTLE STREET, PHONE 787-2696

CHAIRMAN, DEACON BOARD
WALLACE HILL, III
5226 Susan
Flint, MI 48505
Phone: 785-4233

CHURCH CLERK
Mrs. Virta Hamilton

TRUSTEE CHAIRMAN
ROBERT T. CONEY
2017 Aitken
Flint, MI 48503
Phone: 235-7913

OFFICE SECRETARY
Mrs. Verna Stafford

MAR 14 REC'D

March 12, 1990

Donald W. Riegle, Jr., Senator
705 Washington Square Bldg.
109 W. Michigan Ave.
Lansing, MI 48933

Dear Senator Riegle:

I deeply regret that I will be unable to attend this most important hearing on the homeless on March 26th. There is such a need for good affordable housing. I am appreciative for your request to attend. I am interested in the subject and fell that there can be something done about it.

I am sure that there is no single solution for this massive and complex problem; but I do believe, however, that there are some ways of relieving the problem and if the interest is there eventually solving it.

A previous committment prevents be from attending this meeting.

Sincerely,

Rev. A. J. Pointer

AJP/mr

Veterans of Foreign Wars National Home

Maryjane Peck
Executive Director

3573 Waverly Road, South
Eaton Rapids, Michigan 48827
(517) 663-1521

D.E. "Sam" Sears
President
John L. O'Neill, Jr.
Vice President

March 14, 1990

Honorable Donald W. Riegle Jr.
705 Washington Square Building
109 W Michigan Avenue
Lansing MI 48933

Dear Senator Riegle:

We have received your letter regarding the Senate Banking, Housing and Urban Affairs Committee hearing you are holding March 26. Although our agency will not be represented at the hearing, we would like to go on record as being deeply concerned about the plight of the homeless people in our nation.

Serving both children without parents and single parent families at our rural Eaton Rapids facility, the VFW National Home has a vested interest in helping those in need with VFW ties. Many who have resided here during our 65 year history were homeless before they arrived on our campus.

We in the private sector can provide a stepping stone for some homeless families, but certainly not enough of them. We support any initative by our government in addressing the problem.

Thank you for working toward a solution to this grave situation.

Sincerely,

Maryjane Peck

Maryjane Peck
Executive Director

p

MAR 1

OUR 65TH YEAR OF LOVE, CARE AND EDUCATION
for the needy children and grandchildren of VFW and Ladies Auxiliary members

CLINTON • EATON • INGHAM
COMMUNITY MENTAL HEALTH BOARD
COMMUNITY SUPPORT SERVICES
407 W. GREENLAWN • LANSING, MI 48910 • PHONE: 374-8000
Patrick J. St. George, Director

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EXECUTIVE DIRECTOR

March 14, 1990

The Honorable Donald W. Riegle, Jr.
706 Washington Square Building
109 W. Michigan Avenue
Lansing, MI 48933

Dear Senator Riegle:

Thank you for the invitation to your hearing, March 26, on federal programs designed to help the homeless. Either I or one of my staff will attend.

I am happy to see you addressing these issues. I hope you will be able to simplify some of the requirements for applying for the programs. I know from personal experience that often small community and advocacy groups have the ideas but not the expertise to successfully apply for grants.

In addition, I would like to point out that for the mentally ill homeless, apparently a large part of the homeless population, the issue is as much assertive community support as it is availability of actual houses. Federal funds for mental health services do not get to the local communities and in Michigan state dollars are also being cut from the local communities. As deinstitutionalization continues and more mentally ill live in the community more will become homeless unless there is funding support for appropriate community treatment.

Thanks again for the invitation.

Sincerely,

Patrick St. George

Patrick St. George

Accredited by Joint Commission on Accreditation of Healthcare Organizations

City of Southfield
26000 EVERGREEN ROAD · SOUTHFIELD, MICHIGAN 48076

VICKI GOLDBAUM
COUNCILWOMAN
354-9380

March 21, 1990

The Honorable Donald Riegel
United States Senate
705 Washington Square Building
109 West Michigan Avenue
Lansing, Michigan 48933

Dear Senator Riegel:

Attached is my testimony for the hearing on the HOMELESS and Stewart and McKinney Funds.

If you have any questions or are in need of further information, please feel free to contact me.

Sincerely yours,

Vicki Goldbaum

Vicki Goldbaum
Councilwoman

Attachment

TESTIMONY ON THE HOMELESS
AN OAKLAND COUNTY COMMUNITIES PROBLEM

Senator Riegel and both Houses of Congress of The United States, I present this testimony because I feel that The Congress and the Executive Branch of Government are not serving their constituents. When housing is not built for the homeless we are not answering the needs of the middle class. You must start putting money into housing of all kinds in this country or we will soon be in the same situation of those countries that you so generously finance now.

Homeless assistance, One activist group provides for the needs of the homeless in Oakland County and the United States helps the homeless of other countries.

Homeless assistance: Distribution of the McKinney Funds are distributed on a formula basis similar to the Community Development Block Grant:

Why: Currently the way in which the moneys are distributed create a disadvantage for smaller communities who have a need for homeless assistance but lack the ability to hire a professional Grants person, to package their proposals.

What this means is that many of the communities in Michigan are unable to take advantage of the McKinney Act Funds, to assist in their homeless projects.

Through the block grant process, communities will have a certainty of funding and those communities that lack the technical expertise will be able to get assistance through the State Government.

At Present the McKinney funds flow through thirteen different departments and agencies. Each department and agency has separate rules and regulations for the distribution of McKinney Funds. As a result, many communities are forced to adjust their homeless needs, to differing Federal requirements.

This activity further complicates the McKinney funding from reaching it's targeted population in fact many communities have had to sue several Federal Agencies in order to get a release of McKinney funds.

It is estimated that the State of Michigan's homeless population figures range from 35,000 to 90,000 people, at least 15,000 children under the age of 18 years of age. The crisis of homelessness is increasing as opposed to decreasing. The shelter S.O.S. program (A community based organization) is run in Oakland county churches. In December of 1985, the first year there were 73 clients served and last year 414 clients, there is a case worker on duty. The host church provides transportation, beds and food for three meals a day. S.O.S. provides a 20 hour a week case manager, washer and dryer, clothing, personal hygiene necessities, doctor visits, fill prescriptions and some rental assistance, there are intake workers where people are screen and assessed as to their needs, they provide a referral service to job training programs, to the department of social services, social security and all of the paper work for each, and ascertain identification which is necessary in order for a client to obtain employment. Prior to 1990 S.O.S. has been in operation for only 9 months each year.It is hoped that 1990 will be S.O.S.'s first 52 week year of being available to assist clients in their needs. The need to have McKinney funds distributed on an expedited basis is CRITICAL.

Enclosed for the Congressional Record is a copy of the National League of Cities Housing Policy. 3.03 Section C number 11 of this policy on page 52 of our NLC policy states:

> 11. Homeless
>
> "high unemployment rates, policies for de-institutionalization, budget cuts in social service programs, and other factors have combined to increase the number of Americans who need food, clothing, shelter and toilet facilities. These people turn to local government for assistance, especially in emergencies, and these problems become even more acute in the winter months. These needs must be met but local governments are unable to carry the increasing burden. The federal government bears responsibility for some of the causes of this increase in the number of hungry and homeless Americans. We urge the federal government to acknowledge this responsibility and to continue to provide assistance to local governments and local partnerships to address the needs of all persons affected by homelessness. Such assistance should include the expansion of funding and technical assistance for the provision of emergency shelters, transitional housing and supportive services to homeless families and individuals."

In Oakland County, the only homeless program is called S.O.S.

As a public official I feel that it is time for the federal government and all its parts to start accepting municipal official as equal partners rather than just another lobbying group. Until that becomes a reality none of us will be able to solve the problems of Our constituents; the ones that we share between us and are suppose to service. It is there tax dollars that we are spending. And in my opinion they are the ones that suffer when we divide and conquer municipal interests and national interest; and housing is one the major places in which we are doing that. Supporting Housing Initiatives without money is really not supporting anything but pie in the sky ideas.

March 15, 1990

109 W. Michigan Ave.
Suite 705
Lansing, MI 48933

Dear Senator Riegle:

Thank you for your letter on the homeless dated March 5, 1990. I am very sorry I cannot attend the meeting.

This whole issue regarding the homeless is becoming nauseatingly repetitious, and myself as a productive member of society as well as a tax payer is fed up with all the so called "homeless advocates".

The notion by merely contributing to homeless shelters, soup kitchens, homeless coalitions, etc. are viable solutions is simply ludicrous. These methods do nothing but fester and exacerbate a terrible problem.

I understand that people "fall prey to hard times" and that losing your source of income is a terrible thing to have happen to a person, but it happens and we must deal with unfortunate situations like that. It is a troubling reality that honest, hard working people do at times need financial assistance and I do not have a problem with that. What is very troubling to me are the people that have no regard for "ultimate responsibility" by parenting unwanted children, only to have them grow up in a world of total destitution. Also, the able bodied people who are mentally fit, ie: panhandlers, vagrants, bag people who have no desire in life but to merely exist.

The ultimate solution is not to pander to these people by sheltering them, feeding them, clothing them and asking nothing in return. These are temporary solutions that only mask the problems. We as a decent society, need to educate these people and instill a sense of responsibility into them which can only help them to understand their dilemma and ultimately help them to develop pride in themselves as well as self-esteem.

Let's stop building shelters and start building character!

Thank you for letting me express my opinion.

Sincerely Yours,

Mark W. Morey

Mark W. Morey
5478 Boyne Highland Trail
Clarkston, MI 48016

March 15, 1990

The Honorable Donald W. Riegle, Jr.
705 Washington Square Building
109 W. Michigan Avenue
Lansing, Michigan 48933

Dear Senator Riegle:

The Homeless Are the Result of Failed 'Education'

The homeless are the hopeless - those who have for various reasons have chosen or are on the streets. Some are addicted to drugs, some mentally or physically disadvantaged, and some have never known love or were not taught to work.

We must improve education and sadly the 'monopoly' system we have fails - yes it leads to chaos(with the homeless) - because the secularists have the advantage. The 'bootleg religion' of public education is secular humanism. Our textbooks speak half truths relative to our country's foundings.

We must disestablish the public school monopoly! Would you AFFIRM these three points with me?

1. Parents, not governments, have the primary responsibility for educating children.
2. If governments enter the area of education at all, they ought to be blind and deaf to the educational philosophy of schools. Unless the quality of education fails to measure up to agreed-upon criteria, governments ought to support all educational systems - secular, Muslin, Roman Catholic, Jewish, Protestant - or none at all.
3. Only such a plurality of education fits with constitutional freedoms guaranteed to all in the United States and only the recognition of a variety of educational systems will eliminate favoritism.

'Parental choice' of schools with vouchers for 'ALL' parents would greatly improve 'education' in the United States.

I won't be able to attend the Detroit meeting. Please place this written testimony in the public records.

Sincerely yours,

Richard DeBoer - Realtor

Richard DeBoer
2474 Westboro Drive, N.E.
Grand Rapids, Michigan 49506
Residence (616) 454-5718
Office (616) 241-0802

The Domestic Violence Project, Inc.
SAFE House
(Shelter Available For Emergency)
P.O. Box 7052 • Ann Arbor, Michigan 48107

Business Phone: (313) 973-0242 *Crisis Phone:* (313) 995-5444

March 22, 1990

Senator Reigle, Chairman
Banking, Housing, and Urban Affairs Committee
Washington, D.C. 20510

Dear Senator;

The Domestic Violence Project, Inc., is a non-profit, private agency which provides services to domestic violence victims and their families. We provide the following services: A temporary emergency shelter, a 24-hour crisis line, non-residential face-to-face counseling, community support groups, on-call teams (provide immediate intervention with victims of domestic assault after arrest of assailants), childrens' program, professional training, community education, and systems advocacy. The agency maintains a dual focus on direct services and social change.

One of the most common ways in which single women and women with children are forced into homelessness is by being battered and needing to leave the home (in order to be safe). Battered women are subjected to a wide range of abuse, including repeated physical assault, emotional abuse, economic abuse (batterer not allowing her to work, or taking her paychecks), sexual abuse, and threats by the batterer to kill her (or her children and family), especially if she attempts to leave him. Battered women live in an environment which is akin to that of a hostage/prisoner of war. They base their actions and decisions on what they perceive they need to do to survive (stay alive).

When battered women leave an abusive home, they need safe shelter and additional resources to assist them in leaving abusive relationships, such as financial aid, job training, child care, and legal aid. One of the most important resources that must be available for battered women is safe, affordable, permanent housing. Battered women sometimes return to their assailants when they cannot find housing. Ninety percent of our shelter residents are low-income. There is relatively little safe and affordable housing available for low-income people in Washtenaw County. In addition, battered women run into other housing-related problems, such as:

- * DSS allotment isn't high enough to cover the costs of renting.
- * Landlord invasion of privacy and/or verbal and sexual harassment.
- * Landlord prohibition of renting to women with children.
- * Landlord afraid that the partners of battered women may find out where the women are, and come and damage the apartments.
- * Single women without children have difficulty finding low-income SRO facilities.

I have had the opportunity to look at some of the sections of Senate bill 565. Thank you for your leadership in the development of this Act. There are parts of this Act that would benefit homeless battered women, particularly Title III (expanding supply of permanent affordable housing for low-income citizens), and Title IV (preservation of affordable rental housing, low-income rental assistance). One of the areas that effects battered women who have left their batterers is unsafe living conditions in their rental units (public housing and privately owned, federally subsidized units). I am specifically referring to non-structural items - e.g., landlord abuse and harassment, landlord invasion of privacy, lack of response from building security personnel. The sections of the Act I reviewed, do not address these issues. I called your office in Lansing to ask if guidelines regarding landlord intrusion/abuse already existed. As of the date of this writing, I have not received a response. If such guidelines do not exist, I strongly recommend that they be included as part of this Act. Specifically, that the owners of federally-subsidized housing are prohibited from verbally harassing, and sexually and/or physically abusing tenants, that the owners must give reasonable notice of entry before coming into the unit (24-48 hours); and that the security personnel of apartment buildings/ housing complexes intervene (call the police) when a battered woman's unit is being broken into by the batterer, and that the owner get a restraining order against the batterer, prohibiting him from entry onto the housing complex.

page -3-
letter to Senator Reigle, cont'd.

I would welcome any questions or feedback you may have regarding my recommendations. Please feel free to contact me at (313) 973-0242.

Again, thank you for your time and efforts on behalf of the homeless.

Sincerely,

Liz Cramer, M.S.W., A.C.S.W.
Coordinator of Non-Residential
Services

LC/dl

March 13, 1990

CEZAR TYJEWSKI
702 E. EMMETT ST.
BATTLE CREEK, MICH
49017

Senator Donald W. Reigle Jr.:

Dear Sir,

Currently, our nation has, on the books, legislation that violates constitutional guarentees.

March 15, 1990

Rental certification ordinance includes a statement to the effect that any one who fails to register, and have his properties inspected is presumed to have unsafe and unsanitary conditions. Presumption of guilt violates constitutional law, and works to move people like me out of the housing market.

March 16, 1990

I have been to court for refusing to register rental property, and I told the court I would never spend another dime of investment in the city of Battle creek. The judge gave me a lecture about obeying, even, the laws I did not agree with. I paid a $15 dollar fine, and after court was adjorned, the judge said he sympathised with me.

The rental property owners association is headed up by people who are making money. The lending associations are making individuals wealthy, and going bankrupt.

The builders are building play areas, financed by tax money, so money and materials are not available for low-cost housing.

One of my sons, in another city, is renting out housing, and registering his properties, but he can't solve the problem alone.

Sincerely
Cezar Tyjewski

HISPANIC SERVICE CENTER, INC.
80 MAIN STREET
POST OFFICE BOX 284
IMLAY CITY, MICHIGAN 48444
PHONE (313) 724-3665

March 22, 1990

Honorable Donald W. Riegle
United States Senate
Washington, DC 20510-2201

Dear Mr. Riegle:

We would like to thank you for giving us the opportunity to voice the concerns of the Hispanics and other multi-cultural groups.

As you mentioned in your letter dated march 5th 1990, Homeless is one of the most troubling problems facing our nation. The Hispanics as well as other multicultural groups face this reality every day. The Lapeer County itself has a population of 79,000; 25% is minority (10 % Hispanics and the other 15% is a combination of different national origin such as : Rumanians, Polish, Koreans, Japanese, Cambodians and Middle East). Minorities in Lapeer County don't live in the city , most of them are in the rural areas. They don't have transportation, most of them are unemployed or in low paid jobs which won't give them enough to pay the high rents if there is housing available in the area. The shortage of affordable housing the lack of temporary shelters makes the situation worst every year, adding to this the migrant population who arrives from other states with the hope of work and housing..

Lapeer County faces a unique set of problems with respect to homelessness in the sense that its cities and villages don't fit the guidelines of big cities.

The Hispanic Service Center is an advocacy group that early recognized the local problem of homelessness. For several years the Center has dedicated itself to providing emergency food and shelter , education, legal aid, social counseling, language learning , and civil rights advocacy. In the last two years , the Center has experienced a much increased caseload with respect to those needing food and shelter.

HISPANIC SERVICE CENTER, INC.
80 MAIN STREET
POST OFFICE BOX 284
IMLAY CITY, MICHIGAN 48444
PHONE (313) 724-3665

March 22, 1990
Page 2

The Hispanic Service Center is action orientated and seeks to assist families with the above mentioned problems regardless of race, religion, or creed.

The limited funding is being always our big problem .

W e have been working with Mr. Dale E. Kildee and his Chief of Staff Mr. John Morrill in a Shelter and Supportive Services Project for Imlay City,Michigan area. We will still need the assistance and support of government officials to approach the problem of homelessness with a Get Off the Welfare project, which intends to target people on welfare who are unemployed, unskilled and dropped out of school at early age.

We strongly feel that our mutual concerns about minorities should be work out with joint efforts. We welcome your support and assistance in all our projects.

Sincerely,

Maricela Anooshah

Maricela Anooshah, M.A.
Community Organizer

MA

Enclosure

ecco

Economic Crisis Center Organization
Temporary Shelter for Homeless Families and Women
121 Whitehills Drive • P.O. Box 961
East Lansing, MI 48826-0961 • Phone (517) 337-2731

March 22, 1990

Senator Donald W. Riegle, Jr.
United States Senate
Washington, D.C. 20510

Dear Senator Riegle:

As director for the past six years of a shelter for homeless families, I am glad to learn that your committee is beginning to look at the issue of housing, especially low-income housing.

I urge you to pay special attention to the housing needs of the lowest income families. The incomes of many families, especially young families, are not keeping up with rents. As a result, we see many of our shelter families spending 50%, 60% or even 70% of their limited incomes on rent, leaving very little to pay for other necessities.

While home ownership may be a benefit for some, it is important to remember that affordable rental housing is the desired option for many low income people. The federal government has helped provide affordable rental housing in the Lansing area in a variety of forms - public housing, subsidized housing and vouchers and certificates which can be used to subsidize rents in privately owned apartments. The fact that there are long waiting lists for all of these programs is evidence of the pent up need. (In fact, in most cases locally the waiting lists are closed because there are so many names on them already.)

Last year we sheltered 500 people, more than half of them children.

We will be looking with interest at efforts in Congress to help alleviate the growing problem of homeless families.

Sincerely,

Beverly Wiene

Beverly Wiener
Executive Director

cc. Elise Lancaster

Serving the Lansing area's homeless since 1983

MICHIGAN MIGRANT
LEGAL ASSISTANCE PROJECT, INC.

49 MONROE CENTER, SUITE 3A
GRAND RAPIDS, MI 49503-2933
(616) 454-5055

Gary N. Gershon
DIRECTOR

February 20, 1990

Hon. Donald W. Riegle, Jr.,
U.S. Senator
SD 105 Dirksen Building
Washington, D.C. 20510

Re: **Revision of federal housing legislation**
(S 566, "Project Hope" et al).

Dear Senator Riegle:

Thank you for the invitation to comment on pending housing legislation and other initiatives.

I have taken the liberty of seeking **thoughts from a number of others**[1] interested in and/or expert in federal housing programs. Some of those thoughts/comments are attached hereto and **endorsed by us**.

Generally, **the goals and purposes** of the Act **are applauded.** S 566 does, however, seem to emphasize home ownership programs to the possible detriment of rental programs. Whether that is a **beneficial public policy** is for the Congress. An argument can be made that programs to support home ownership and affordable rental housing ought to be more in parity. Moreover, **appropriations** to support the programs **must be larger.**

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[1] Legal Aid of Western Michigan, Michigan Legal Services, Housing Assistance Council, Migrant Legal Action Program, and National Housing Law Project.

A few specific comments: under section 102 - the statement of improving the housing opportunities for all in the United States, particularly members of disadvantaged minorities, is worth restating. That emphasis is given to **very-low** as well as low and **moderate income families** is likewise strongly supported.

Under rental housing, at section 315, (1)(E) is supported insofar as it commits the housing to **affordable rental housing** for its useful life, although the **discretion** delegated to the Secretary ("commitments satisfactory to the Secretary", "for such other periods that the secretary determines the longest feasible period of time consistent with sound economics and the purposes of this title") is troublesome.

Section 421 is somewhat inelegant: "in one form that combines the best features of the section 8 certificate and voucher programs...". (Emphasis added). Precisely how the determinations of what are the **"best features"** are made **is unclear**. Perhaps the subsequent sections accomplish the purpose.

The materials regarding **"preference"** in tenant selection are strongly supported as are the other criteria, particularly regarding transitional housing under the McKinney Homeless Assistance Act.

The material on **"shared housing"** is good except that it is apparently only for "elderly families". Some thought should be given to expanding this. For instance, the idea of single parents with children sharing housing which could be rented or purchased is an idea which ought to be explored and potentially supported.

Subtitle D - "**Supportive Housing for the Homeless**" is very strongly supported. As all will likely agree, it is but one step; however, given the pervasiveness and the severity of the problem, any steps taken are welcomed and overdue. The McKinney Act was but a beginning. Particularly important are **supportive services** and initiatives to prevent homelessness, see, e.g., subtitle B - approved activities - section 411 - **Homelessness Prevention.** Section 415 on Supplemental Assistance for Facilities to Assist the Homeless is generally a good idea. However, (c) on **Outpatient Health Services** is inadequate. How the figure of less than $10,000 was arrived at is the subject of some question. It is less than a "drop in the bucket".

Title VI on **Indian Housing** is strongly supported. This, however, must be **juxtaposed** with our comment following that there is **no provision whatsoever for migrant farmworkers** who often find themselves in desperate and deplorable situations of homelessness as they travel across the Country in pursuit of some work and some small amount of monies to support themselves and their families. That is a matter which ought to be addressed. **Farmworkers should be a designated special needs group** - like the elderly or disabled.

With regard to that particular area of concern (**housing for migrant farmworkers**), it can be stated that (1) in general, all **proposals do not adequately address rural needs** and (2) they provide **nothing for migrant farmworkers** (who often are homeless during or throughout their migrancy). As such, **a particular emphasis and initiative is required** to address the pressing needs of this oppressed and exploited but humble, hard-working segment of our society.[2]

Thanks to you and your colleagues for attention to these ideas.

Sincerely,

Gary N. Gershon

GNG/cs

Attachments

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[2] See, e.g., Proposal of Housing Assistance Council, (HAC) "The Migrant and Older Farmworker Housing Act of 1988; A New Approach," (HAC, Washington, Aug. 1988) and Proposal for a "Migrant Shelter" program.

OPERATION GET DOWN
Community Resource Projects
9980 Gratiot • Detroit, Michigan 48213 • 313-921-9422
FAX 921-9421

TO: Senator Don Riegle
Chairman, Senate Committee on Banking, Housing and Urban Affairs

Senate Hearing on:
"Housing Michigan's Homeless: Searching for Solutions"
March 26, 1990

FROM: Operation Get Down
Emergency Services Department
Care-A-Van Homeless Services Unit

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PREPARED REMARKS
SENATE HEARING
U.S. SENATE BANKING, HOUSING, AND URBAN AFFAIRS COMMITTEE
MARCH 26, 1990 MERCY COLLEGE CONFERENCE CENTER

PREPARED BY
RICHARD A. TRICE
DIRECTOR OF EMERGENCY SERVICES
OPERATION GET DOWN/COMMUNITY RESOURCE PROJECT

I would first like to say good morning and welcome to the City of Detroit to Senator Riegle and other members of this Senate Committee. We are grateful that you have come to our city to listen to our concerns, our hopes and our visions, in ridding our communities of the upmost social concern of the 90's, that is the issue of homelessness. At Operation Get Down/Community Resource Project, a multi-service community based agency that meets many needs of poor Detroiter's, thanks to the continous support of good people like Sen. Riegle, we operate a program designed to meet the immediate emergency needs of the homeless. We have a Food Van that distributes over 10,000 meals per month to homeless families and individuals along with a 36 ft. mobile home staffed by a driver, 2 counselors and a job developer that refers homeless families and individuals to shelters and other emergency services that they might need. We are currently providing these counseling and referral services to approx. 700 persons per month. We also are distributing approx 4,000 hygiene packs containing soap, deoderant, toothpaste and brush, lotion, shavers, and a comb and brush, per month. Our program is only serving a small percentage of the Homeless in the City of Detroit. But we consider our program unique and are searching for ways and means to expand our services.

But our services only touch the perimeter of the problem. Our services only temporarily minimize the frustration and pain of the homeless. Our clients are primarily the so called "street people". Those individuals that have fallen "between the cracks", living in abandoned houses and buildings, sleeping in old cars and trucks, living in shantys and other hand made shelter. These individuals also shy away from established shelter programs and other government services that are available to them either because they dont trust "the system" or they are not willing to withstand the dehumanization and loss of dignity with repect to the way they are treated when they seek services.

There are usually many and varying reason why individuals become homeless. Those variables range from and include; eviction, fire, landlord/tenanat problems, substance/alcohol abuse, abusive spouses, illegal evictions, lack of utilities, danger from drug dealers, non-payment of rent, loss of employment, lack of employment, under employment and many more. These are all everpresent realities to the poor and disadvantaged. Any combination of these factors can lead to short or long term homelessness, which can become a never ending spiral for the families or individuals at risk.

We clearly understand that poverty is at the root cause of many of these problems. We believe that if young persons can develop employable skills and become an active part of the job market that they can reduce the risk of homelessness becomin a part of their life. But here in Detroit we have an additional problem. One that supercedes the reality of working and the dreams of home ownership. That is the problem of the lack of low-income quality affordable housing.

In the City of Detroit there are approx. 9,500 abandoned and empty single or multible housing units. There are also several thousand empty public housing units in the city, while at the same time over 30,000 persons are homeless in this city. Federal funding for low-income housing has been cut over 80% since 1980. The burden of maintaining this housing has been shifted from the federal to the states and finally to the urban cities of this nation. This has resulted in a massive destruction to the housing stock of this city. The focus is now placing the responsibility of rehabing these housing units to non-profits and community based efforts. While there have been many groups in this city doing an incredible job given their resources and the enormouty of the problem, we would like to share with you a program that is really making a difference.

In the city of Philadelphia, in 1988, a program was developed called Dignity Housing, designed to move homeless individuals from homelessness to home ownership and employment. To date, Dignity Housing has rehabed over 200 homes and moved over 200 homeless families into these homes. The main components of this program involves a 4 week family orientation, life skill development workshops, self-esteem classes, and job readiness classes. Individuals are then employed in one of several business that have developed as support systems for the entire program. In two years this has grown from a rehab company to include a security firm to guard the worksites, a landscaping firm to maintain the properties, and a ongoing counseling program for program participants. This program was funded by the city of Philadelphia for $12,000,000, and the most important part of this story is that the program was designed, implemented and carried out by homeless people.

Dignity Housing has demonstrated that when permanent housing is offered to persons in shelters, and life skill development plans are prepared for each person making the transition from a shelter to a home, then the persons will make a sucessful transition -- and will prepare themselves to go to work, and to improve the family health and thier involvement in community activities. Equally important, Dignity Housing, has demonstrated that homeless persons, working in a non-profit corporation that coordinates both the housing and life skills development components, productively contribute to their personal and collective liberation.

On March 9th, 1990, a meeting occured between Mayor Young and members of the Detroit/Wayne County Union of the Homeless. Out of this meeting came a commitment from the Mayor to examine this program, send representatives from his office and the Homeless Union to Philly to look at this model and commit the City of Detroit to bring this model to our city. This development could make a real difference in our fight to end homelessness in the City of Detroit. Our intent is to make you aware of these efforts for possible support and assistance in making this a reality. This program offers a real solution with its transitional and permanent housing components. It is not just enough to give a homeless person a house. The long term homeless also have other specific needs that must be handled with ongoing support mechanisms.

Lastly, we fully support the Homeless Outreach Act of 1990. Its intent of outreach to homeless and dismantling the barriers faced by the homeless is appluadable. We feel that the "outreach" approach is very fundamental to meeting the needs of the homeless. One of the biggest conceptual problems with programs designed to care for the homeless is that they expect the homeless to come to them. We believe as demonstrated by the design of our Care-A-Van Program that you meet the needs of homeless persons by coming to them in the street. Your outreach program would work very well with a program like ours, with outreach staff working off of our Counseling Unit and with our Food Van to contact and bring in homeless individuals eligible for these services. So please, let us know how we can help make the Homeless Outreach Act of 1990 a reality. However, we must be cognizant of the possiblity of this just becoming another "poverty maintainence" program, devoid of addressing the real causes of homelessness in this country, that being the lack of quality low-income housing and poor folks having access to them. We thank you for spending the time to hear our concerns.

Operation Get Down
Community Resource Projects
Supplement to Report Presented by
Richard Trice, Director of Emergency Services

Employment for the Homeless

One of the major concerns facing the homeless is the availability of jobs. Though sharing this with all people, their hope for employment brings particular problems because of their situation.

General Employment

Over recent years Detroit has been devasted with crisis after crisis in its capacity to provide jobs for residents. A recent report pointedly describes this situation:

> Prior to the 1980's, unskilled labor and manufacturing jobs provided employment opportunities for many unskilled individuals. While once in abundance, employment opportunities in industrial cities and urban areas have been significantly reduced. However, as Dr. William Wilson of the University of Chicago notes, "urban minorities have been particularly vulnerable to several regional and national economic factors including: (1) the shift from goods producing to service-producing industries, (2) the increasing polarization of the labor market into low-wage and high-wage sectors, (3) technological innovations, and (4) the relocation of manufacturing industries out of the central cities. In sum, the economy of urban cities has undergone an irreversible structural change from centers of production and distribution of material goods to centers of administration, information exchange and higher order service provision." [1]

For organizations providing job placement assistance to homeless persons, a knowledge of where remaining jobs are, particularly in urban centers, and what kinds are steps one and two in the employment process.

General Characteristics of the Homeless

In reviewing applicants for jobs, employers look for the "ideal" person. However homeless individuals present a profile which now has become stereotypical, thereby making it difficult for them to be considered ideal as employers would have it. It should be noted that a homeless person's profile does not automatically constitute an undesirable person. Examples of characteristics are the length of homelessness per person ranging between four months to one year; predominately African-American men between 25 and 35 years of age; single, having only a high school diploma and unskilled. Most were renters. The primary cause of their homelessness was the loss of employment. Unable to pay rent or mortages, they were evicted or had their homes foreclosed.

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[1] City of Detroit, United Community Services, 1989, pg. 6 of Executive Summary.

This scenario, when prolonged forces many (but not all) homeless persons to develop a lifestyle to adapt to their predicament, one obviously removed from what is seen as necessary to hold employment. This lifestyle breakdowns the work ethic of a person. It is the lifestyle of survival. It is not innate, but the result of social and economic conditions. Interestingly, many homeless individuals maintain self-esteem and a strong desire to work. Job developers for homeless persons encounter individuals who are engaged in a daily struggle between dignity and degeneration.

Case Study

Charles Jones (not his real name) of Detroit recently lost his job at an auto plant. Repeated attempts to find employment had failed. As a result he left his family because, as he told this job developer, "I just wasn't able to take care of them." Mr. Jones began doing odd jobs, however these paid little and were temporary. As time went on his situation persisted. He began living in the streets, occassionally staying shelters. He became a regular recipient at Operation Get Down's Emergency Services Homeless Care-A-Van Unit (in cooperation with the City of Detroit Neighborhood Services Department) that distributes free ready-to-eat meals at various outdoor homeless sites.

Mr. Jones spoke to OGD's job developer about employment. An intake was done to construct his personal profile and employability. A job was found and Mr. Jones was hired. Bus tickets for transportation was provided.

Two weeks later Mr. Jones was again seen in line to receive food from the Care-A-Van. When asked how he was doing at work, he replied he was no longer working there. The reasons given were a combination of not having anything to eat for lunch, the worry over concern for his family and his apprehensiveness of eventually being laid of again, because he was unskilled (he worked as a wood cutter at a wood products company). He wouldn't specify if he was fired or just quit. In our opinion Mr. Jones wasn't a derelict. Rather, he attempted to maintain his self-esteem, showed a willingness to work and did so. His was a matter of having to confront circumstances of which he had no control.

The "menace" of jobless homeless people reflects, and is the result of, the overall picture of racism, a fluxuating economy and humanless social values. These can be corrected in the long run, but getting there would mean serious stop gap measures for today. Suggestions:

a. Central job bank - employers registering and posting openings would receive an incentive.
b. Job preparation programs for the homeless.
c. Housing program for homeless persons and families (including special utilities programs).
d. Increased funding for community services organizations providing homeless services.
e. Continued dissemination of information to the homeless about current service programs.

Submitted: Keith Dye, Job Developer
Operation Get Down, Emergency Services, Care-A-Van Homeless Unit
March, 1990

VIETNAM VETERANS OF AMERICA
STATE OF MICHIGAN COUNCIL
STATE SERVICE REPRESENTATIVE OFFICE
McNamara Federal Building, 12th Floor, 477 Michigan Avenue, Detroit, Michigan 48226

Detroit Phone
313-961-9568
313-226-4181

Upper Peninsula Phone
906-786-5049
906-786-5028

SENATOR DONALD W. RIEGLE. JR
105 DIRKSEN SENATE OFFICE BUILDING
WASHINGTON DC, 20510

MARCH 20,1990

DEAR SENATOR RIEGLE:

LET ME FIRST THANK YOU FOR ASKING ME TO SUBMIT WRITTEN TESTIMONY CONCERNING THE HOMELESS.

IT HAS BEEN ESTIMATED BY ROBERT ROSENHECK, MD, NATIONAL DIRECTOR, EVALUATION OF THE HOMELESS CHRONICALLY MENTALLY ILL VETERANS PROGRAM, THAT BETWEEN 30 TO 50 PERCENT OF THE HOMELESS ARE VETERANS. ON ANY GIVEN NIGHT ACROSS THE U.S., BETWEEN 70,000 TO 200,000 HOMELESS ARE VETERANS. A MAJORITY OF THESE HAVE ALCOHOL & SUBSTANCE ABUSE PROBLEMS ALONG WITH PSYCHIATRIC DISORDERS.

A GREAT MAJORITY OF THESE HOMELESS VETERANS ARE VIETNAM VETERANS. SOME, BY CHOICE, PREFER THIS LIFESTYLE, BEING UNABLE TO COPE WITH THE EVERY DAY STRESSES AND DEMANDS PUT ON THEM AFTER VIETNAM. OTHERS ARE FORCED INTO BEING HOMELESS DUE TO LOSS OF JOBS, HEALTH PROBLEMS AND MENTAL PROBLEMS. THE ONE THING THAT THEY ALL HAVE IN COMMON, IS THAT THEY ARE ALL VETERANS. THIS MAKES THEM ELIGIBLE FOR PROGRAMS THROUGH THE DEPARTMENT OF VETERANS AFFAIRS. THE PROBLEM IS, THAT THESE PROGRAMS OPERATE AT ONLY SELECT SITES.

THE HOMELESS CHRONICALLY MENTALLY ILL VETERANS PROGRAM ONLY OPERATES OUT OF 43 VA MEDICAL CENTERS IN THE US. TO BE EFFECTIVE, THIS PROGRAM NEEDS TO BE IN ALL OF THE VA MEDICAL CENTERS. THE LOCATIONS OF THE PROGRAMS THAT ARE CURRENTLY OPERATING ARE NOT MADE READILY AVAILABLE TO EVERYONE WHO MAY NEED THIS INFORMATION.

THE DOMICILIARY PROGRAM IS ONLY AVAILABLE IN 20 VA MEDICAL CENTERS THROUGHOUT THE U.S. AGAIN, TO BE EFFECTIVE, THIS PROGRAM HAS TO BE IN ALL OF THE VA MEDICAL CENTERS, NOT JUST A FEW.

BOTH OF THE PROGRAMS MENTIONED ABOVE HAVE DIFFERENT SUCCESS RATES, DEPENDING ON THEIR LOCATION AND THE STAFF TO OPERATE IT. SOME LOCATIONS HAVE A HIGH PRIORITY ON THE HOMELESS VETERANS IN THEIR AREA AND GO OUT IN THE FIELD TO SHELTERS AND KNOWN HANGOUTS, SEARCHING FOR THE VETERANS. THEY MAKE THEM AWARE OF THE BENEFITS THEY MAY BE ENTITLED TO AND THE MEDICAL TREATMENT THEY MAY NEED. THEY THEN BEGIN TO TREAT THE VETERAN FOR HIS PHYSICAL AND MENTAL PROBLEMS FIRST AND ALSO GET THEM INTO TRAINING PROGRAMS FOR EMPLOYMENT. THE GOAL IS TO HELP THE HOMELESS VETERAN TO BECOME A VIABLE PART OF SOCIETY, AS QUICKLY AS POSSIBLE. SOME OF THE LOCATIONS DO LITTLE OF ANYTHING, WAITING FOR THE HOMELESS VETERAN TO SEEK THEM OUT, INSTEAD OF THEM DOING THE SEARCHING.

TO ADDRESS THIS SITUATION, A BILL HAS BEEN INTRODUCED IN THE HOUSE OF REPRESENTATIVES, HR 3992, COMPREHENSIVE SERVICES PROGRAM FOR HOMELESS VETERANS ACT OF 1990. INCLUDED IN THIS PACKET, IS A COPY OF THE BILL ALONG WITH A BRIEF SUMMARY OF THE BILL. WE ASK THAT YOU HELP SPONSOR A SIMILAR BILL IN THE SENATE. THIS BILL ADDRESSES THE PROBLEM OF THE HOMELESS VETERAN AND OFFERS A WAY TO HELP THEM.

INCLUDED IN THIS PACKET IS THE VIETNAM VETERANS OF AMERICA, INC. RESOURCE DIRECTORY FOR HOMELESS VETERANS PROJECTS THROUGHOUT THE U.S. IN THIS DIRECTORY IS A BRIEF DESCRIPTION OF GOVERNMENT PROGRAMS FOR THE HOMELESS AND SEVERAL PRIVATE PROJECTS FOR THE HOMELESS VETERAN IN THE U.S.
ALSO THE THIRD PROGRESS REPORT OF THE DEPARTMENT OF VETERAN AFFAIRS HOMELESS CHRONICALLY MENTAL ILL VETERAN PROGRAM IS INCLUDED.

SUBMITTED RESPECTFULLY BY:

John Kahler

JOHN KAHLER,
HOMELESS PROJECT CO-ORDINATOR
VIETNAM VETERANS OF AMERICA, INC.

VIETNAM VETERANS OF AMERICA, INC

HOMELESS VETERANS PROJECT

IT IS ESTIMATED BY VARIOUS STUDIES, THAT ON ANY GIVEN NIGHT, THERE ARE BETWEEN 70,000 TO 200,000 HOMELESS VETERANS ACROSS THE U.S. THIS MAKES UP 30 TO 50 PERCENT OF THE TOTAL HOMELESS POPULATION.

ONE OF THE BIGGEST PROBLEMS FACING THE HOMELESS VETERAN, IS THAT MOST PROGRAMS IN CITIES ACROSS THE U.S. ARE NOT FOR VETERANS ONLY. THEY ARE FOR THE GENERALIZED HOMELESS POPULATION. THESE PROGRAMS ALSO DO NOT GENERALLY TRY TO IDENTIFY THOSE PEOPLE WHO ARE VETERANS THAT USE THEIR SERVICES.

COUPLED WITH BEING HOMELESS, THE MAJORITY OF THE HOMELESS VETERANS HAVE ALCOHOL & SUBSTANCE ABUSE PROBLEMS, ALONG WITH PSYCHIATRIC DISORDERS. A GREAT NUMBER OF HOMELESS VETERANS ARE VIETNAM VETERANS.

THIS DIRECTORY HAS BEEN DEVELOPED BY VIETNAM VETERANS OF AMERICA, INC. TO IDENTIFY THE VARIOUS GOVERNMENT AND PRIVATE PROGRAMS THAT ARE FOR THE HOMELESS VETERAN. WE'VE ALSO IDENTIFIED SOME OF THE FUNDING SOURCES FOR PROGRAMS DEALING WITH THE HOMELESS.

THIS DIRECTORY WILL BE UPDATED AS INFORMATION IS OBTAINED.

Homeless Resource Directory

INTRODUCTION

Much has been written on this elusive, evasive yet visible population - the homeless. Numbering somewhere between one quarter to two million individuals, it consists of the mentally ill, evicted families, the aged, substance abusers, abused spouses, and abused and cast-off children. They are individuals who feel that society has rejected them and they, in turn, reject society. They generally belong to two distinct and perhaps separate groups: those who have had homelessness forced upon them and want nothing more than to escape it; and those who have, at least in part, chosen it, accept it and, in some cases, even embrace it.

The homeless have a tendency not to seek assistance through organized groups. If identification of the homeless population in general is difficult, it becomes almost impossible to identify the "homeless veteran" population. They have a tendency not to come into the regional offices or medical centers. In addition, many who claim to be veterans may be non-veterans or veterans with bad discharges. The exact count of homeless veterans is uncertain. Applying the factor used with the general male population, approximately 30 percent of the homeless may be veterans and approximately 50 percent of those may be from the Vietnam Era.

It would be impossible for the VA to furnish every program or service available to homeless individuals. However, it is imperative for us to be aware of what non-VA resources are available. This directory will provide you with a list of Federal programs for the homeless. Most of these programs are available on the local level and your addition of local contacts would make this a complete directory of services available to the homeless. It is our hope that with this listing, you, the VA employee having direct contact with the homeless, will be better able to offer maximum service to this often forgotten group.

This 27 page Directory contains very valuable information and should be obtained by anyone interested in the Homeless Veteran. Attached is the index showing what information is in the book.

Handbook H-27-88-1
March 23, 1988

Department of Veterans Benefits
Washington, D.C. 20420

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INTERAGENCY COUNCIL ON THE HOMELESS

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. OFFICE OF HUMAN DEVELOPMENT SERVICES

a. Older Americans Act (Title III, Section 303 as amended). Under this legislation, funding is provided to State Agencies on Aging to initiate local community projects to provide social services to older persons. Assistance to the elderly homeless is an eligible activity. These services, which are carried out primarily through (local) area agencies on aging, provide numerous benefits. Among them are nutrition services to the elderly. These projects are designed to provide persons aged 60 and older with at least one hot nutritious meal five or more days a week. Most meals are served at congregate sites, although 28 percent are home delivered.

Associate Commissioner, Office of State and Tribal Programs, Administration on Aging, Office of Human Development Service, DHHS (Department of Health and Human Services), Washington, DC 20201. Telephone: (202) 245-0011

b. Runaway and Homeless Youth Program. The purpose of the program is to provide financial assistance to establish and strengthen community-based centers designed to address the needs of runaway and homeless youth and their families. While most frequently thought of on a national scale, runaway and homeless youth remain largely a State and local problem and should be treated first and primarily with State and local resources. Funding for fiscal year 1986 supports approximately 170 runaway and homeless youth projects as well as the national toll-free runaway youth hot-line.

Associate Commissioner, Family and Youth Services Bureau, Administration for Children, Youth and Families, Office of Human Development Services, DHHS, Washington, DC 20201. Telephone: (202) 472-4426

c. Social Services Block Grants (Title XX of the Social Security Act as amended by P.L. 97-35). These block grants, awarded to the States, are designed to furnish a variety of social services best suited to the needs of individuals residing within a State. Emergency food and shelter may be among the programs conducted by each State.

Director, Office of Policy, Planning and Legislation, Office of Human Development Services, DHHS, Washington, DC 20201. Telephone: (202) 245-2892

2. FSA (FAMILY SUPPORT ADMINISTRATION)

a. AFDC (Aid to Families with Dependent Children). Money payments are made directly to eligible needy families with dependent children to cover costs for food, shelter, clothing, and other items of daily living. The program requirements and benefits vary somewhat in each State. In general, the program covers single-parent families with children under the age of 18 whose father or mother has died or is continuously absent from the home, or two-parent families in which one of the parents is incapacitated. In addition, 26 States include two-parent families in which the principal earner is unemployed. The Federal government pays half of the State's administrative costs and from 50-83% of benefits (averaging 54 percent).

Office of the Director, Office of Family Assistance, Family Support Administration, DHHS, Room B404, Trans Point Bldg., 2100 2nd St. SW, Washington, DC 20201. Telephone: (202) 245-2000

b. AFDC Emergency Assistance Program. This program provides temporary financial assistance in the form of money or vendor payments to assist needy families with children in emergency or crisis situations to avoid destitution or to provide living arrangements. It has been used to prevent homelessness. States (including the District of Columbia) currently participate. The program is operated by the States, which have a great deal of flexibility in defining the emergency situations they will cover. The Federal government provides a 50 percent matching share.

Office of the Director, Office of Family Assistance, Family Support Administration, DHHS, Room B404, Trans Point Bldg., 2100 2nd St. SW, Washington, DC 20201. Telephone: (202) 245-2000

c. CSBG (Community Services Block Grant) Program. The CSBG Program is a block grant program under which assistance is provided by a statutorily established formula to States and territories to help alleviate the causes of poverty. States and territories receiving CSBG funds are required to comply with a number of assurances designed to insure that the funds are used for the benefit of the low-income or poor as defined in the Federally established poverty income guidelines. The States are required to provide a wide range of services and activities designed to assist low-income people in areas of employment, education, housing, and emergency assistance.

Director, Office of State and Project Assistance, Office of Community Services, FSA, DHHS, 330 C Street SW, Room 2054, Washington, DC 20201. Telephone: (202) 475-0418

d. Community Services Discretionary Grants. This grant program provides funds to support program activities of national or regional significance to alleviate the causes of poverty in distressed communities. The grants, made at the discretion of the Secretary of HHS (Health and Human Services) may be made to public agencies and nonprofit organizations. The project must be targeted to address the needs of a specific segment of low-income people (i.e., urban poor, rural poor, migrants or seasonal farmworkers). Special areas of focus are urban and rural economic development (including the establishment of full-time permanent jobs and ownership opportunities for low income persons); rural housing repair and rehabilitation; rural water and waste water treatment facilities; and improvements in the quality of life for migrants and seasonal farmworkers (including nutrition, housing, and longer-term and more permanent employment).

Director, Office of State and Project Assistance, Office of Community Services, FSA, DHHS, 330 C Street SW, Room 2054, Washington, DC 20201. Telephone: (202) 475-0418

e. Child Support Enforcement Program. This program is a joint Federal/State/local effort to collect child support payments from parents who are legally obligated to pay. Its goals are three fold: to ensure that children are supported by their parents; to foster family responsibility; and to reduce the costs of welfare to the taxpayer. The enforcement program is operated by the States, usually through State and county Social Services Departments, but the major portion of the costs is covered by the Federal government. While the program may vary from State to State, it is available to all parents who need its services. All services are free to AFDC recipients, but a charge may be made to others in some States. Among other actions, child support may be withheld from a parent's wages to ensure its payment. Receiving child support payments may enable some families to avoid homelessness or welfare dependency.

Director, Office of Child Support Employment, FSA, DHHS, Room 5600-N, 330 Independence Avenue SW, Washington, DC 20201. Telephone: (202) 245-1319

3. HCFA (HEALTH CARE FINANCING ADMINISTRATION)

a. Medicaid. Indigent people who are 65 years of age or older, or who are members of families with dependent children, or who are physically or mentally disabled, or who are blind are eligible for Medicaid. In all States, persons on AFDC rolls are automatically eligible for Medicaid. In around 30 States, persons on SSI (Supplemental Security Income) rolls are automatically eligible for Medicaid. Homeless persons who are not receiving SSI or AFDC benefits are automatically eligible for Medicaid benefits in the majority of States. Homeless persons who are not receiving

SSI but are medically needy may qualify for Medicaid in 36 States, if they meet the income, age or disability requirements. Recent law prohibits the denial of benefits solely because a person does not have a permanent address.

Director, Bureau of Program Operations, HCFA, DHHS, Room 300, Meadows East Bldg., 6325 Security Blvd., Baltimore, MD 21207. Telephone: (301) 594-9000.

b. Medicare. Medicare provides comprehensive health insurance protection to the aged, disabled and those suffering from chronic kidney disease, in the forms of hospital insurance and medical insurance. Medicare benefits are generally paid on a beneficiary's behalf to the person or organization that furnished the health care services.

Director, Bureau of Program Operations, HCFA, DHHS, Room 300, Meadows East Bldg., 6325 Security Blvd., Baltimore, MD 21207. Telephone: (301) 594-9000

c. Home and Community Based Services. After obtaining a waiver from the Federal government, a State may provide nonmedical services in a home or community setting for persons who ordinarily qualify for Medicaid services. Examples of these services are respite care, rehabilitative services, and home health aid. Forty-two States currently participate in this program.

Director, Bureau of Program Operations, HCFA, DHHS, Room 300, Meadows East Bldg., 6325 Security Blvd., Baltimore, MD 21207. Telephone: (301) 594-9000

4. ADAMHA (ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION)

a. ADAMHA Block Grants. These block grants can be used for alcohol and drug abuse programs and for mental health programs. The mental health funds are used mainly for CMHC (Community Mental Health Centers). CMHCs must provide the following services to be eligible for block grant funds:

- outpatient services for the chronically mentally ill, children and the elderly;
- 24-hour emergency care services;
- day treatment of psycho-social rehabilitation services;
- screening of patients for admission to state mental health facilities;
- consultation and education services.

Office of the Administrator, ADAMHA/PHS, 5600 Fishers Lane, Rockville, MD 20857. Telephone: (301) 443-4564 or 443-3334.

b. Program for the Homeless Mentally Ill. The Program for the Homeless Mentally Ill coordinates ADAMHA research, training, and technical assistance initiatives pertaining to the homeless with serious alcohol, drug abuse, and mental health problems. The program achieves its objectives through ongoing NIMH (National Institute of Mental Health), NIDA (National Institute on Drug Abuse), and NIAAA (National Institute on Alcohol Abuse and Alcoholism) programs. The program also works directly with national organizations.

Office of the Administrator, ADAMHA/PHS, 5600 Fishers Lane, Rockville, MD 20857. Telephone: (301) 443-4564 or 443-3334.

c. CSP (Community Support Program). CSP assists States and localities in developing comprehensive community support systems to stimulate improved community-based care for the chronically mentally ill. The program is designed to avert homelessness among the population. Additionally, in FY 1983 money was set aside to study the demographics and characteristics of the homeless mentally ill. In FY 1986, grants were made to develop innovative city-based demonstrations of service delivery to the homeless mentally ill. Grants are made to State mental health authorities, who often subcontract with local governments.

Director, Division of Education and Service Systems Liaison, NIMH, Parklawn Bldg., Room 11C-26, 5600 Fishers Lane, Rockville, MD 20857. Telephone: (301) 443-3606.

d. Center for State Human Resource Development. The Center provides grant funds to State Departments of Mental Health to develop their capacity to conduct systematic human resource development activities and to develop and implement demonstration programs to address human resource development issues. These include but are not limited to: planning and evaluation; workforce management (i.e. recruitment, selection, distribution, utilization, redevelopment, retraining, and education); and training (i.e. curriculum development for target priority populations like the homeless and implementation of short-term skills development, continuing education, etc.).

5. HRSA (HEALTH RESOURCES AND SERVICES ADMINISTRATION)

a. MCH (Maternal & Child Health Services & Primary Care Block Grant). MCH Block Grant funds are allocated by formula to State health authorities. Since the State programs have an orientation toward high-risk persons, and the homeless may be so described, it is likely that State programs provide services to this segment of the population. However, a survey of 1982, 1983 and 1984 State applications revealed no specific data relating to the homeless. States must apply for block grant funds annually. State health agencies are required to operate the block. States must prepare a report to the Secretary of HHS describing intended use of funds plus a description of their compliance with eight assurances of quality, fairness and appropriateness of expenditures. They must also prepare annual post-expenditure reports on how funding was used. States must match every four Federal dollars with three State dollars for the MCH Block Grant.

Division of Maternal & Child Health Resources and Services Administration, DHHS, Room 7A-55, Parklawn Bldg. Telephone: (301) 443-2260.

b. CHC (Community Health Centers). CHCs provide health services to medically underserved populations in both urban and rural areas. In FY 1984, nearly 600 community health centers provided services to approximately 4.7 million people. CHCs are required to provide services regardless of an individual's ability to pay. Since many of the nation's homeless may be located in medically underserved areas where CHCs are situated, it is expected that a large number of them may be making use of these resources. Proposals must be designed to improve availability, accessibility and organization of health care within medically underserved communities. Services should be consistent with plans of local Health Systems Agencies and State Health Planning and Resources Development Agencies. A needs/demand assessment is required. The applicant must assume part of the project costs, determined on a case by case basis.

Director, Division of Primary Care Services, Bureau of Health Care Delivery and Assistance, Room 7A-55, Parklawn Bldg., 5600 Fishers Lane, Rockville, MD 20857. Telephone: (301) 443-2260

c. Migrant Health Program. The Migrant Health Program is a discretionary grant program which awards funds to support the development and operations of migrant health centers and projects which provide primary ambulatory and in-patient health services, supplemental health services, and environment health services for migrant and seasonal agricultural farm workers and their families as they move and work. Migrant health "centers" must serve a "high impact area" (not less than 4,000 migratory agricultural workers and seasonal workers for more than two months in any calendar year). Migrant health "programs" may be in areas where there is no migrant health center and in which not more than 4,000 migratory agricultural workers and their families reside for more than two months.

Director, Migrant Health Program, Bureau of Health Care Delivery and Assistance, Room 7A-55, 5600 Fishers Lane, Rockville, MD 20857. Telephone: (301) 443-2900

d. National Health Service Corps. The National Health Service Corps provides loans to communities and to medical practitioners to assist in establishing and maintaining health care services in Health Manpower Shortage Areas. They are required to provide services to all without regard to ability to pay. These health personnel may be an important resource in meeting health care needs of the homeless. Communities may apply for designation as a Health Manpower Shortage Area and assignment of Corps personnel. Designation and assignment, however, are at the discretion of the Secretary. There are no set funding matching requirements. The Government pays medical, dental and other health personnel while the community usually provides a medical facility, support personnel, and assumes responsibility for managing the practice.

Director, National Health Service Corps, Health Resources and Services Administration, Room 7A-39,5600 Fishers Lane, Rockville, MD 20857. Telephone: (301) 443-2900

6. SSA (SOCIAL SECURITY ADMINISTRATION)

a. SSA Outreach. SSA has undertaken a nationwide effort to identify and help serve those many hard-to-reach homeless people who may be entitled to SSI, or SSDI (Social Security Retirement, Survivors, or Disability Insurance) benefits. SSA field offices maintain current information about providers of services to the homeless. They establish and maintain liaison with service providers to ensure that program information is available to providers' staffs, and request the providers' assistance in identifying homeless people who may be eligible for benefits. In some cases, especially in areas with large homeless populations, this may involve taking claims at the facilities (such as shelters and soup kitchens) that provide services for the homeless.

A fixed address is not required in order to receive Social Security benefits. Consequently, homeless persons who meet the other program requirements may qualify for various benefits. Once a homeless person's eligibility for payments is established, the Social Security office can make special arrangements for delivering checks and notices. Checks and notices can be delivered to a shelter or other third party address, or even to the Social Security office, if necessary. In cases where a person is incapable of handling his or her own money because of an impairment, for example - SSA can appoint a representative payee to receive checks and notices on his or her behalf. A shelter or other organization can serve as the payee, if there are no relatives or friends who can do so.

b. RSI (Social Security Retirement and Survivors Insurance Benefits). RSI benefits are payable to:

- Retirees at age 62;
- Dependents of retirees (wives, husbands, children age 18 and under, and older children if disabled before age 22);
- Survivors (widows/widowers at age 60 or at age 50 if disabled, children age 18 and under, and older children if disabled before age 22).

Office of Public Inquiries, Room 4100, Annex, Social Security Administration, Baltimore, Maryland 21235. Telephone: (301) 594-5970

c. Supplemental Security Income. The SSI program makes monthly payments to people who are 65 or older, disabled, or blind and have little or no income and assets. Most States supplement the Federal SSI payments and provide Medicaid. States also may offer a variety of social services. Also, under a 1983 change in the law, some people who are residents of public emergency shelters can now receive SSI payments for up to 3 months during any 12-month period. Prior to the change, people who lived in public emergency shelters were not eligible for SSI. Eligible persons who live in private shelters are not subject to this 3-month limit, but may draw benefits 12 months of the year.

Office of Public Inquiries, Room 4100, Annex, Social Security Administration, Baltimore, Maryland 21235. Telephone: (301) 594-5970

d. Social Security Disability Insurance. The SSDI program pays monthly disability benefits to disabled workers under age 65 and their families. Disabled workers must have worked long enough and recently enough under Social Security to be insured under this program. The work requirement varies depending on the age of the worker. Under Social Security, you're considered disabled if you have a severe physical or mental condition which:

(1) Prevents you from working, and
(2) Is expected to last (or has lasted) for at least 12 months, or is expected to result in death.

SSDI checks can start for the 6th full month of a disability. Once checks start, they will continue as long as the person is disabled and unable to perform substantial gainful work. Cases are reviewed periodically to make sure that the person continues to meet the eligibility criteria.

Office of Public Inquiries, Room 4100, Annex, Social Security Administration, Baltimore, Maryland 21235. Telephone: (301) 594-5970

ACTION

VISTA (VOLUNTEERS IN SERVICE TO AMERICA)

First established in 1964 by the Economic Opportunity Act, VISTA provides qualified volunteers to thousands of community and neighborhood organizations to address issues related to poverty such as malnutrition, inadequate housing, poor education, and limited opportunities.

The volunteer's role in the poverty problem-solving process is focused toward mobilizing community resources and increasing the capacity of the target community to solve its own problems. The project must provide for the active participation of members of the low-income community to be served in planning, developing, and implementing the project; the mobilization of community resources; and the eventual phaseout of the VISTA Volunteer and the absorption of the volunteer's duties by other facets of the community.

In fiscal year 1986, ACTION sponsored a total of over 2,300 volunteers on a nationwide basis assigned competitively within each State throughout the year. ACTION pays the allowances and all expenses for these 2,300 volunteers who work on a full-time full year basis.

In addition, ACTION is authorized to provide an unlimited number of additional VISTA Volunteers for approved projects if a sponsoring group reimburses ACTION for the allowances and-other expenses of the volunteer. In FY 1986, these expenses averaged $7,600 per year for each volunteer. Eligible sponsoring agencies are Federal, State or local public agencies or nonprofit organizations committed to solving problems directly related to conditions of poverty. This could be an excellent source of valuable staff for a homeless provider organization that might not otherwise be able to afford the staff it needs to help low-income people help themselves.

Director of VISTA and Service-Learning Programs, Office of Domestic Operations, ACTION, 806 Connecticut Avenue NW., Washington, DC 20525. Telephone: (202) 634-9445 or (800) 424-8867

U. S. DEPARTMENT OF AGRICULTURE

1. FOOD STAMP PROGRAM

Food stamps are available to all applicants who qualify based on income levels and other criteria, whether or not they have a fixed address or have resided in a city or county for a certain period of time. Consequently, the homeless can qualify for food stamps, although there are no estimates of how many homeless are actually getting this assistance. Food stamps are available within five days to those with very low assets ($100 or less) and either very low income ($150/month or less) or destitute migrant status. Other eligible applicants receive benefits within 30 days.

Deputy Administrator, Family Nutrition Program, Food and Nutrition Service, Department of Agriculture, Alexandria, Virginia 22302. Telephone: (703) 756-3680

2. THE FOOD DISTRIBUTION PROGRAM

This program distributes surplus food and purchases additional foodstuffs for distribution to needy persons.

a. Charitable Institutions. This portion of the Food Distribution Program gives food to hospitals, nursing homes, and other nonprofit organizations that provide nutrition services for needy persons. Soup kitchens, shelters, and similar groups that feed the homeless qualify for this assistance if they serve meals on a regular basis.

b. The Temporary Emergency Food Assistance Program. This food is intended for individuals. Much of it is distributed through food banks and may feed homeless persons or it may be served in soup kitchens and shelters.

Food Distribution Division, Food and Nutrition Service, Department of Agriculture, Alexandria, VA 22302. Telephone: (703) 756-3680.

3. CHILD NUTRITION PROGRAM

Various programs provide assistance to children. All children in participating schools can receive the benefits of school lunch and school breakfast. The Child Care Food Program, the Summer Feeding Program and Special Milk Program also provide food assistance to children.

Director, Child Nutrition Division Division, Food and Nutrition Service, Department of Agriculture, Alexandria, VA 22302. Telephone: (703) 756-3590.

4. WIC (SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN)

WIC provides vouchers for nutritious food supplements, nutrition education, and access to health services.

Supplemental Food Programs Division, Food and Nutrition Service, Department of Agriculture, Alexandria, VA 22302. Telephone: (703) 756-3746.

5. SHELTER PROGRAM

The U. S. Department of Agriculture has authorized FmHA (Farmer's Home Administration) county supervisors to lease, at the lowest possible cost, single-family homes in FmHA-held inventory to local housing authorities or to community non-profit organizations for use as shelters for homeless persons. Single-family homes in FmHA-held inventory, not otherwise targeted for immediate disposition, are available under this agreement.

Anyone interested in starting a shelter program using a FmHA single-family home should contact the HHS Regional Representative or the local FmHA county supervisor. They will work with the State housing authority and the Department of Agriculture to arrange for housing to lease to an organization or to a local official to shelter the homeless.

U.S. DEPARTMENT OF DEFENSE

1. EMERGENCY SHELTER PROGRAM

The DOD (Department of Defense) has agreed to make available appropriate military facilities to be used as homeless shelters or for use as warehouse space for food banks. When necessary, such facilities will be renovated at DOD expense. Vacant DOD facilities can be used to shelter small or large numbers of homeless individuals.

Director, DOD Assistance for the Homeless Program, Department of Defense, Washington, DC 20301-1155. Telephone: (202) 694 5792

2. EXCESS PERSONAL PROPERTY, EQUIPMENT, AND CLOTHING

DOD and DOT (Department of Transportation) (Coast Guard) have agreed to link food banks through HHS with military commissaries to allow the food banks to obtain non-marketable, surplus food stuffs. DOD and Coast Guard commissaries, like other supermarkets, at times have food that they cannot sell, but that is still edible. These agreements with DOD and DOT are designed to direct food to persons in need rather than let it go to waste. Food banks assume the responsibility for final inspection and distribution of the food and must bear any costs associated with food pick up and distribution. Since February 1983, when the program began, over 4 million pounds have been donated.

Director, DOD Assistance for the Homeless Program, Department of Defense, Washington, DC 20301-1155. Telephone: (202) 694 5792

3. NATIONAL GUARD SERVICES

The National Guard has agreed to make its facilities or manpower services available, within the mission of the National Guard training operations, to support food and shelter operations.

The National Guard primarily helps organizations that feed or shelter the homeless by transporting food, clothing, or other surplus property. They may also be able to provide other manpower services or allow the use of armories for storage, depending on the specific unit involved.

Contact: Local National Guard

U.S. DEPARTMENT OF EDUCATION

1. STATE ADMINISTERED ADULT EDUCATION PROGRAM

This program distributes grants on a formula basis to the States and enables disadvantaged adults to acquire basic skills necessary to function in society. Local education agencies and, where permitted by State law, other public or private organizations are eligible to apply for the funds from State agencies. The State plan for these funds must describe how it will meet the education needs of all segments of the adult population, especially those who are least educated and most in need of assistance.

Division of Adult Education, Office of Assistant Secretary for Vocational and Adult Education, Department of Education, Washington, DC 20202. Telephone: (202) 732-2270

2. POSTSECONDARY EDUCATION PROGRAMS FOR HANDICAPPED PERSONS

This program provides project grants for the development, operation and dissemination of model programs for postsecondary, vocational, or technical education for handicapped persons, including those who are emotionally disturbed. The funds are available to State education agencies, institutions of higher education, vocational and technical institutions, and other nonprofit educational institutions.

Division of Innovation and Development, Special Education Program, Office of Assistant Secretary for Special Education and Rehabilitation, Department of Education, Washington, DC 20202. Telephone: (202) 732-1176

3. VOCATIONAL EDUCATION - BASIC GRANTS TO STATES

This program provides grants on a formula basis to States to expand, improve, and modernize vocational education for the handicapped, disadvantaged, single parents or homemakers, those who have limited English proficiency, and those incarcerated in correctional institutions. The States may make subgrants to local education agencies and postsecondary institutions. The economically disadvantaged who are eligible for this program include recipients of public assistance, those who are institutionalized, and those under State guardianship.

Division of Vocational Education, Office of Assistant Secretary for Vocational and Adult Education, Department of Education, Washington, DC 20202. Telephone: (202) 732-2441

4. BASIC SUPPORT FOR REHABILITATION SERVICES

This program provides grants on a formula basis to States to provide vocational rehabilitation services to persons with mental and/or physical handicaps. Priority service is focused on the needs of those persons with the most severe disabilities. Eligible rehabilitation services include diagnosis, comprehensive evaluation, counseling, education and training, employment placement, medical and related services, and transportation.

Office of Program Operations, Rehabilitation Services Administration, Office of Assistant Secretary for Special Education and Rehabilitation Services, Department of Education, Washington, DC 20202. Telephone: (202) 732-1415

5. REHABILITATION SERVICES PROJECT GRANTS

This program provides grants to State vocational rehabilitation agencies and public or private nonprofit organizations for projects and demonstrations which hold promise of expanding and otherwise improving services for groups of mentally and/or physically handicapped individuals over and above those provided by the Basic Support Program administered by the States and discussed above. The project must substantially contribute to the solution of vocational rehabilitation problems common to special groups of the handicapped (e.g., projects to prepare handicapped individuals for gainful employment in the competitive labor market.)

Rehabilitation Services Administration, Department of Education, Washington, DC 20202. Telephone: (202) 732-1347

6. CLIENT ASSISTANCE FOR HANDICAPPED INDIVIDUALS

This program provides grants on a formula basis to States to help clients and applicants overcome problems with service delivery systems under the Rehabilitation Act. The State can designate a public or private agency to conduct the State's program. The funds may be used to (a) advise clients of benefits, rights and responsibilities under the Rehabilitation Act; (b) assist clients in their relationships with projects, programs and facilities providing rehabilitation services; and (c) assist in protecting individual rights and informing clients of their responsibilities.

Rehabilitation Services Administration, Department of Education, Washington, DC 20202. Telephone: (202) 732-1347

7. REHABILITATION TRAINING

This program provides project grants to State vocational rehabilitation agencies and other public or nonprofit organizations to increase the numbers and improve the skills of personnel providing vocational rehabilitation services to handicapped individuals in areas targeted as having personnel shortages.

Rehabilitation Services Administration, Department of Education, Washington, DC 20202. Telephone: (202) 732-1347

8. CENTERS FOR INDEPENDENT LIVING

This program provides project grants to State vocational rehabilitation agencies to provide independent living services to severely handicapped individuals to assist them to function more independently in family and community settings or to secure and maintain appropriate employment. The Federal funds are used for the establishment and operation of independent living centers which offer a combination of services including attendant care, training in independent living skills, referral and assistance in housing and transportation, and peer counseling. If a State agency fails to apply for a grant within six months after the funds are available, then any local public or private nonprofit agency may apply directly. State agency application deadlines are usually set in April, May, or June of each year. Another program provides grants on a formula basis to States for similar projects.

Rehabilitation Services Administration, Department of Education, Washington, DC 20202. Telephone: (202) 732-1347

9. NATIONAL INSTITUTE FOR HANDICAPPED RESEARCH GRANTS

This program provides project grants and cooperative agreements to States and public or private nonprofit organizations to support research and demonstrations to improve the lives of people of all ages with physical and mental handicaps, especially the severely disabled. The focus of the program includes (a) identifying and eliminating the causes and consequences of disability; (b) maximizing the physical and emotional status and functional ability of handicapped persons; (c) preventing or minimizing personal and family, physical, mental, social, educational, vocational and economic effects of disability; and (d) reducing and eliminating physical, social, educational, vocational and environment barriers to permit access to services and assistance.

Director, National Institute on Disability and Rehabilitation Research, Office of Assistant Secretary for Special Education and Rehabilitation Services, Department of Education, Washington, DC 20202. Telephone: (202) 732-1415.

10. VOCATIONAL EDUCATION FOR CONSUMER AND HOMEMAKER EDUCATION

This program provides formula grants to State Boards for Vocational Education for consumer and homemaker education programs, especially in economically depressed areas or areas of high rate of unemployment. Local education agencies and postsecondary institutions may apply to the States for subgrants. Eligible activities for the funds include programs for improving responses to individuals and family crises, for assisting aged and handicapped individuals, for teaching ways to improve nutrition and conserve limited resources, and for community outreach to underserved populations.

Division of Vocational Education, Office of Assistant Secretary for Vocational and Adult Education, Department of Education, Washington, DC 20202. Telephone: (202) 732-2441

11. EDUCATION LOANS AND GRANTS

The Department of Education funds numerous programs of grants and loans to students and institutions for those disadvantaged persons who wish to continue their education after high school. In addition, several programs improve the quality of education for elementary and secondary schools, including those which serve the children of homeless persons.

U.S. DEPARTMENT OF ENERGY

WAP (WEATHERIZATION ASSISTANCE PROGRAM)

This program provides funds to low income persons to enable them to make their homes more resistant to extreme weather conditions. A dwelling unit is eligible for weatherization assistance if it is occupied by a "family unit" and if it can meet certain income requirements. DOE (Department of Energy) has clarified that a "family unit" includes all persons living in the dwelling, regardless of whether they are related. Shelters for the homeless therefore may qualify for the grants. In general, the combined income for all the residents of the dwelling may not exceed 125 percent of the poverty level, which is adjusted for the number of residents of the dwelling, or the family unit must contain a member who has received certain cash assistance payments defined in the program regulations. States also have the option under certain conditions of using the eligibility criteria for HHS's Low Income Home Energy Assistance Program.

To apply for weatherization assistance, an organization must submit an application to the local agency designated in the State's WAP Plan as the subgrantee for the area in which the organization is located. Generally, DOE weatherization funds are channelled through local Community Action Agencies.

Director, Weatherization Assistance Program, Division 232, Conservation and Renewable Energy, Department of Energy, Forrestal Building, Washington, DC 20585. Telephone: (202) 586-2204

FEDERAL EMERGENCY MANAGEMENT AGENCY

EMERGENCY FOOD AND SHELTER PROGRAM

Grant awards from this program are designed to provide emergency food and shelter to needy individuals through local private voluntary organizations as well as local units of government. Service received under this program should not reduce or affect assistance an individual receives under any other Federal assistance program. This program is not intended to address or correct structural poverty or long-standing problems. Rather, this appropriation is for the purchase of food and shelter, to supplement and extend current available resources, and not to substitute or reimburse ongoing programs and services.

A National Board chaired by FEMA (Federal Emergency Management Agency) and consisting of representatives of the United Way of America; the Salvation Army; the National Council of Churches; the National Conferences of Catholic Charities; the Council of Jewish Federations, Inc.; and the American Red Cross, determines the amount and distribution of funds to those areas having the highest need for food and shelter assistance.

Each area designated by the National Board to receive funds is required to constitute a Local Board with representatives to the extent practicable including, but not limited to, the same organizations represented on the National Board, except that the mayor or appropriate head of government (or his/her designee) will replace the FEMA member. Many Local Boards include representatives from the business and provider communities.

The Local Boards are responsible for determining which private voluntary organizations and/or public organizations in an area should receive grants and for recommending the amount of the grants.

FEMA, 500 C Street, SW, Washington, DC 20472. Telephone: (202) 646-3642.

GENERAL SERVICES ADMINISTRATION

1. SURPLUS FEDERAL PERSONAL PROPERTY, EQUIPMENT, AND CLOTHING

Personal property that is surplus to the needs of the Federal government may be donated to State or local government agencies or to education, medical, or certain other private nonprofit organizations. This program is administered through a nationwide network of State Agencies for Surplus Property. From time to time, items such as refrigerators, blankets, clothing, kitchen equipment, medical supplies and furniture, which could be used by homeless and needy people, become available through this program. State, county, and municipal agencies that have the responsibility for providing services for the homeless can establish eligibility to participate in the donation program. Having done so, such agencies can acquire Federal surplus personal property, retain accountability for it, and make it available to nonprofit organizations that serve the homeless and needy but that are unable to establish program eligibility on their own.

Director, Property Management Division, Office of Customer Support Management, Federal Supply Service, GSA (Government Services Administration), Washington, DC 20406. Telephone: (703) 557-1234

2. USE OF EXCESS OR SURPLUS FEDERAL REAL PROPERTY

GSA has agreed to make appropriate vacant Federal facilities, not targeted for other use or immediate disposition, available for shelter-related projects. If any appropriate GSA facilities are available, they can be used to store food or property, or to shelter homeless individuals, where State or local facilities cannot meet the need.

Also, temporarily unneeded space which is retained in GSA's public buildings inventory is periodically advertised for sealed-bid leasing. Through this bidding process, a charitable agency can lease excess Federal space for a set period of time.

Assistant Commissioner, Office of Real Estate Policy and Sales, Federal Property Resource Service, GSA, Washington, DC 20405. Telephone: (202) 535-7084

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

1. SINGLE FAMILY HOMES

For a nominal amount, HUD (Housing and Urban Development) will lease HUD-owned single-family homes in the General or Special Risk Insurance funds to cities for shelter use. Cities or shelter providers are eligible lessees and must bear the cost of any required repairs. Leases will be issued for as long as the properties are needed for shelter use.

2. EXISTING HOUSING AND MODERATE REHABILITATION PROGRAM

The Section 8 Housing Assistance Payments Program for Low Income Families (known as Section 8 Existing Certificates) provides housing assistance payments to participating private landlords on behalf of eligible tenants to provide decent, safe and sanitary housing for lower and very low income families at rents they can afford. Housing assistance payments are used to make up the difference between the approved rent due to the owner for the dwelling unit (which must be reasonable in relation to rents for comparable units) and the occupant family's required contribution towards rent. Assisted families are required to contribute up to 30 percent of their adjusted family income toward rent. Administering Public Housing Authorities may provide an "emergency" priority for admission to the program for homeless families or individuals who are otherwise eligible to participate. Cities or shelter providers should contact the local public housing agency administering the Section 8 program to discuss the possibility of making this assistance available to homeless families or individuals who are otherwise eligible for Section 8 assistance.

Office of Elderly and Assisted Housing, Existing Housing Division, Housing, HUD, Washington, DC 20420. Telephone: (202) 755-6887

3. HOUSING FOR THE ELDERLY OR HANDICAPPED

The Section 202 Program provides direct loans that may be used to finance the construction or rehabilitation of rental or cooperative detached, semi-detached, row, walk-up or elevator-type structures. Existing structures without rehabilitation or moderate rehabilitation may be used only for group homes for the non-elderly handicapped. The program may be used to provide housing with supportive services for the chronically mentally ill, who constitute a large proportion of the homeless population.

The nonprofit sponsor and borrower must receive certification of eligibility for the Section 202 program from HUD. A general announcement is published in the Federal Register early in each fiscal year announcing the availability of funds to HUD Field Offices. A borrower proposing housing for the chronically-mentally ill must provide evidence of funding for the services portion of the proposed program, since HUD does not fund services.

Assistant Elderly and Handicapped Housing Division, Office of Elderly and Assisted Housing, HUD, Washington, DC 20420. Telephone: (202) 426-8730

4. PUBLIC AND INDIAN HOUSING

This program is designed to assist PHAs (public housing agencies) in providing lower-income housing by (a) acquiring existing housing from the private market (acquisition); (b) procuring construction by competitive bidding where the public housing agency acts as the developer (conventional); or (c) letting contracts to private developers (turnkey). Annual contributions are made to public housing agencies to provide debt service payments, to assure the lower-income character of the projects, and to achieve and maintain adequate operating and maintenance service and reserve funds. PHAs may provide an "emergency" priority for admission to the program for homeless families or individuals. Cities or shelter providers should contact the local public housing agency to discuss the potential for using PHA vacant units to house homeless families or individuals who are otherwise eligible for the public housing program.

Assistant Secretary for Public and Indian Housing, HUD, Washington, DC 20420. Telephone: (202) 755-0950

5. COMMUNITY DEVELOPMENT BLOCK GRANTS - ENTITLEMENT GRANTS

Under the CDBG entitlement grant program, localities may undertake a wide range of activities directed toward neighborhood revitalization, economic development, and provision of improved community facilities and services. Entitlement communities develop their own programs and funding priorities (after holding public hearings and otherwise receiving citizen input) as long as program/activities conform to the applicable standards and program regulations. In addition, block grant funds are available to pay for public services within certain limits. Units of local government may contract with other local agencies or nonprofit organizations to carry out part or all of their programs. Shelter acquisition, shelter rehabilitation and shelter operations may be funded by the entitlement community as eligible activities under the block grant program. In addition, HUD has determined that CDGB funds may be used for the construction of temporary shelter facilities and transitional housing, such as halfway homes for the chronically mentally ill, considering these as public facilities, not residences.

Assistant Secretary, Entitlement Cities Division, Office of Block Grant Assistance, Community Planning and Development, 451 7th St., SW, Washington, DC 20420. Telephone: (202) 755-9267

6. EMERGENCY SHELTER GRANT PROGRAM

This program, authorized for the first time in fiscal year 1987, provides grants to States and localities on a one-to-one matching share basis to provide emergency overnight shelters. The money is allocated using the formula for the community development funds allocated to their area. Private nonprofit groups may apply for them.

Director, Entitlement Cities Division, Room 7282, HUD, Washington, DC 20420. Telephone: (202) 755-6322

7. TRANSITIONAL HOUSING

This program provides grants on a one-to-one matching share basis to States, localities, and nonprofit groups to demonstrate the effectiveness of assisting nonprofit organizations in providing housing for individuals who are capable of living independently. The grants will be awarded at the discretion of the Secretary of HUD, based on applications submitted to HUD. It was authorized for the first time in fiscal year 1987.

Office of Elderly and Assisted Housing, Multifamily Housing, HUD,
Washington, DC 20420. Telephone: (202) 755-5720

U.S. DEPARTMENT OF LABOR

1. EMPLOYMENT SERVICE PROGRAM

State employment security agencies operate within each State through local Job Service offices which serve both job seekers and employers. The assistance offered includes interviewing, testing, counseling, referral to training and other employability development resources, and placement in jobs. Specialized services for various groups (such as veterans, youth, women, older workers, and the handicapped) are also provided.

Director, Unemployment Insurance Service, Employment and Training Administration, DOL (Department of Labor), Washington, DC 20210. Telephone: (202) 376-6636

2. SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

This program provides, fosters, and promotes useful part-time work opportunities (usually 20 hours per week) in community service activities for low income persons who are 55 years old and older, and who have poor employment prospects.

Office of Special Targeted Programs, Employment and Training Administration, DOL, Washington, DC 20210. Telephone: (202) 535-0500

3. JOB TRAINING PARTNERSHIP ACT FOR DISADVANTAGED YOUTH AND ADULTS

This program provides job training and related assistance to economically disadvantaged individuals, and others who face significant employment barriers. The ultimate goal of the Act is to move trainees into permanent, self-sustaining employment. This includes $10 million for veterans employment programs.

Office of Special Targeted Programs, Employment and Training Administration, DOL, Washington, DC 20210. Telephone: (202) 535-0500

4. VETERANS JOB TRAINING PROGRAM

This program provides employers 50 percent of the starting wage, up to $10,000 per veteran, when they hire and train veterans in a growth industry or a technology-based or demand occupation. The intent of the program is to help industry fill permanent positions that involve significant training of at least six months to Korean and Vietnam-era veterans, and is run in cooperation with the Veterans Administration. Targeted groups are Korean and Vietnam-era veterans who have been out of work for 10 of the preceding 15 weeks. They have served for at least 180 days and been honorably discharged.

Training will be funded for between 6 and 9 months, and in some cases may be approved by the VA for between 3 to 15 months. Actual training can take place on the job, in a vocational or educational institution, or in a specialized training center.

Veterans' Employment and Training Service, Office of the Assistant Secretary for Veterans' Employment and Training, Room S1316, 200 Constitution Avenue, NW, Washington, DC 20210. Telephone: (202) 523-9110

5. "JOBS FOR HOMELESS VETERANS" DEMONSTRATION PROGRAM

The Labor Department, with the help of the Social Security Administration, the Veterans Administration, and veterans service organizations, has agreed to fund a fourteen city model project to locate, train, rehabilitate, and find employment for the hard-to-reach homeless veterans who are not being reached through existing programs and shelters. The program will deal with the comprehensive needs of these veterans, including medical or mental health care and substance abuse. It will focus on outreach, the use of available entitlement programs, and better linkages with the private sector. The fourteen cities are Atlanta, Baltimore, Boston, Denver, Detroit, Fort Lauderdale, Los Angeles, New Orleans, San Antonio, Seattle, New York City, Tacoma, WA, Olympia, WA, and Washington, DC.

Veterans' Employment and Training Service, Office of the Assistant Secretary for Veterans' Employment and Training, Room S1316, 200 Constitution Avenue, NW, Washington, DC 20210. Telephone: (202) 523-9110

INTERAGENCY COUNCIL ON THE HOMELESS

The Congress charged the Council with broad responsibilities to evaluate and monitor Federal homeless activities, collect information, study problems related to homelessness, and make this information available in a variety of ways.

Specifically, the Interagency Council will:

Review Federal programs and activities to assist the homeless;

Reduce duplication among these efforts;

Monitor, evaluate, and recommend improvements to programs conducted by Federal, State and local governments and private voluntary organizations;

Provide technical and professional assistance to State and local governments and other public and private organizations to maximize resources and to develop new and innovative programs; and

Collect and disseminate information.

To carry out these responsibilities, the Council will:

Collect information that assesses the needs of the homeless and the extent of related problems;

Develop a comprehensive description of Federal activities undertaken to meet the needs of the homeless with special emphasis on McKinney Act programs;

Distribute information on effective programs for the homeless; and

Conduct conferences with State and local participants representing public and private organizations to develop and coordinate effective programs.

Executive Director, Interagency Council on the Homeless, 451 7th St., SW, Suite 10158, Washington, DC 20410, Telephone (202) 755-1480.

VETERANS ADMINISTRATION

The Veterans Administration is required by law to provide benefits and services only to persons who qualify as a result of prior military service under other than dishonorable conditions. A recurring problem concerning determination of eligibility lies in the unwillingness or inability of some of the homeless to provide the VA with basic background information, such as name, Social Security number, date of birth and dates of military service.

1. DEPARTMENT OF VETERANS BENEFITS

Veterans (and their survivors) who meet certain age, service, and income requirements or who have a service-connected disability are eligible for pensions or compensation through the following programs:

a. Disability Compensation. Awarded to eligible veterans for injury or illness incurred in or aggravated by active service.

b. Dependency and Indemnity Compensation. Awarded to eligible dependents of veterans who died of service-connected injury or illness.

c. Disability Pension. War veterans who are totally and permanently disabled or over 65, and have low incomes may be eligible.

d. Death Pension. For eligible low income dependents of deceased war veterans.

e. Burial Allowances. To relieve surviving dependents of the burden of burial expenses for veterans.

For information on veterans benefits, please contact the nearest VA Regional Office listed in the telephone book's blue pages.

2. DEPARTMENT OF MEDICINE AND SURGERY

a. Community Residential Care Program. Although the VA does not provide free shelter for indigent veterans, some homeless veterans receiving VA pension or compensation, Social Security, or other funds may qualify to participate in the Residential Care Home Program, the largest of the VA's extended care programs. This program provides residential care, including room, board, personal care and general health care supervision to veterans who do not require hospital or nursing home care, but who, because of mental or physical health conditions, are not able to resume independent living and have no suitable family resources to provide the needed care. Care is provided mainly in private homes and is paid for by the veterans from VA compensation or pension benefits, SSI, etc., at an average cost of $450 per month. All homes are inspected by a VA multi-disciplinary team prior to incorporation into the program and annually thereafter. Veterans receive monthly follow-up visits from VA social workers and other health care professionals, and are outpatients of local VA facilities. Currently, over 12,000 veterans are receiving care in over 3,000 homes.

b. Domiciliary Care Program. This program serves an estimated 12,200 veterans in 16 centers with an average of 400-500 beds (average daily census of 6,100). It provides a group living arrangement for those disabled veterans with minimal daily medical and/or rehabilitation needs. The beneficiaries must have an income of less than $415 per month.

c. VA Health Care. The VA system of health care includes 170 hospitals, 226 clinics, and 106 nursing homes.

d. VA Mental Health Care. In addition to inpatient care, the VA system of mental health care available to eligible veterans and dependents includes 154 Mental Hygiene Clinics, 60 Day Treatment Centers, 40 Day Hospital Programs, 103 Alcohol Dependence Treatment Programs, and 51 Drug Dependence Treatment Programs.

e. Non-VA Contract Alcohol/Drug Treatment Facilities. Under Public Law 99-166, the VA is authorized to contract for care, treatment, and rehabilitative services in halfway houses, therapeutic communities, psychiatric residential treatment centers and other community-based treatment facilities for eligible veterans suffering from alcohol or drug dependence disorders. VA will pay for up to 60 days of contracted care.

f. State Veterans Homes Program. This program is operated under two grants. One is a per diem program under which the VA provides Federal funding to assist States in providing domiciliary, nursing and hospital care to eligible veterans in State home facilities. The other provides up to 65 percent Federal funding for the acquisition and construction of domiciliary and nursing home facilities, and expansion or alteration of existing facilities. During FY 1985, these State veterans homes provided for an average of 7,846 nursing home residents, 4,334 domiciliary residents, and 498 hospital patients.

For information, please contact the nearest VA medical facility listed in the blue pages of the telephone book.

U. S. GOVERNMENT PRINTING OFFICE 1988/202-917/85798

DEPARTMENT OF DEFENSE (DoD) HOMELESS ASSISTANCE PROGRAM

(NOT JUST FOR VETERANS)

IN 1983, THE WHITE HOUSE OFFICE OF PRIVATE SECTOR INITIATIVES,REQUESTED THE MILITARY SERVICES TO MAKE AVAILABLE TEMPORARY FACILITIES TO ASSIST PERSONS IN NEED. WHEN THE DoD LEARNED THAT LOCAL GOVERNMENTS DID NOT HAVE FUNDS TO RENOVATE EXCESS BUILDINGS ON MILITARY INSTALLATIONS, CONGRESS PROVIDED THE LANGUAGE FOR THE SHELTER FOR THE HOMELESS STATUTE. TITLE 10, SECTION 2546, PERMITS THE DoD TO RENOVATE AND REPAIR BUILDINGS, AND PROVIDE CERTAIN SERVICES INCIDENTAL TO ESTABLISHING SHELTERS ON MILITARY INSTALLATIONS. THE STATUTE STATES THAT SHELTERS MAY BE ESTABLISHED ONLY TO THE EXTENT THAT THEY DO NOT INTERFERE WITH MILITARY READINESS OR ONGOING MILITARY OPERATIONS. OPPORTUNITIES TO ESTABLISH SHELTERS ON MILITARY INSTALLATIONS NEAR THE HOMELESS POPULATION ARE RELATIVELY FEW. ALSO, MANY LOCAL GOVERNMENTS DO NOT HAVE SUFFICIENT FUNDS TO OPERATE A SHELTER PROGRAM IF DoD WERE TO PROVIDE RENOVATED BUILDINGS.

DESPITE THE ABOVE OBSTACLES MENTIONED ABOVE, $4 MILLION TO OPEN 15 SHELTERS OVER THE PAST SIX YEARS WAS OBLIGATED. THE SHELTERS ARE:

NAVAL RESERVE CENTER, LAWRENCE, MA
NAVAL AIR STATION, CORPUS CHRISTI,TX
ARMY RESERVE CENTER, PHILADELPHIA,PA
FT.JACKSON,COLUMBIA,SC
CAMP PARKS ARMY RESERVE BASE,CA
WALTER REED ARMY HOSP FOREST GLEN ANNEX,MD
ARMY WAREHOUSE, SEATTLE,WA
-FORT BELVOIR, FAIRFAX COUNTY, VA
NAVY YARD,ANACOSTIA,WASHINGTON DC
CAMP KILMER ARMY RESERVE BASE, NJ
KIRKLAND AFB, NM
FORT MEADE, MD
FT. MONMOUTH,NJ
SAN LUIS OBISPO,CA
SALT LAKE CITY,UT

HOMELESS SUPPORT INITIATIVES

DoD ALSO PROVIDES WITHOUT REIMBURSEMENT BEDDING ARTICLES(EG. BLANKETS, COTS,PILLOW CASES,PILLOWS AND SHEETS) TO SHELTERS OPERATED BY ENTITIES OTHER THAN THE DEFENSE DEPARTMENT. DoD ALSO MAKES SURPLUS PROPERTY AVAILABLE TO STATE GOVERNMENTS THROUGH GSA SURPLUS PROPERTY PROGRAM.

DoD COMMISSARY/FOOD BANK PROGRAM

THE DoD AUTHORIZES COMMISSARIES TO ACT AS THE AGENTS FOR DONATING VENDOR-OWNED, UNMARKETABLE, BUT EDIBLE FOOD TO PRIVATE FOOD BANKS. MORE THAN SEVEN MILLION POUNDS OF FOOD HAVE BEEN DONATED WITHOUT COST TO THE FEDERAL GOVERNMENT. THE FEDERAL EMERGENCY MANAGEMENT AGENCY(FEMA) WILL REPLACE HEALTH & HUMAN SERVICES AS THE CERTIFYING AGENT FOR FOOD BANKS TO RECEIVE FOOD FROM COMMISSARIES.

HOMELESS VETERANS' REINTEGRATION PROJECT
DEPARTMENT OF LABOR, OFFICE OF THE
ASSISTANT SECRETARY FOR VETERANS
EMPLOYMENT AND TRAINING
200 CONSTITUTION AVE. NW ROOM S1313
WASHINGTON D.C. 20210
(202) 523-9110

PURPOSE OF PROGRAM IS TO ASSIST DEMONSTRATION PROGRAMS TO EXPEDITE THE REINTEGRATION OF HOMELESS VETERANS INTO THE LABOR FORCE.

FUNDED THROUGH TITLE VII, SUBTITLE C, SECTION 738, STEWART B. MCKINNEY HOMELESS ASSISTANCE ACT.

HOMELESS VETERANS REINTEGRATION PROJECTS(HVRP)

WASHINGTON STATE DEPT.
VETERAN AFFAIRS
505 E. UNION ST.
OLYMPIA, WASH. 98504-9778
(206) 753-4522
CONTACT:CLAIRE HOPKINS

MILWAUKEE COUNTY
901 N. 9TH STREET
MILWAUKEE, WISC. 53233
(414) 278-4211
CONTACT:LEONORA R. DELEON

COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE COMMISSIONER OF
VETERANS AFFAIRS
100 CAMBRIDGE ST. 10TH FLOOR
BOSTON, MASS. 02202
(617) 727-5944
CONTACT:JOHN HALACHIS

CITY OF NEW YORK,HUMAN
RESOURCES ADMIN. GRANT OFFICE
250 CHURCH ST. ROOM 1233
NEW YORK, NEW YORK 10013
(212) 553-6797
CONTACT:RUTH REINECKE

NOVA PRIVATE INDUSTRY COUNCIL
505 W. OLIVE AVE #550
SUNNYVALE, CALIF. 94086
(408) 730-7232
CONTACT:MICHAEL CURRAN

TEXAS EMPLOYMENT COMMISSION
15TH & CONGRESS AVE.
AUSTIN, TEXAS 78778
(512) 463-2658
CONTACT:KENNETH KEIL

CITY OF DETROIT,NEIGHBORHOOD
SERVICES DEPARTMENT
5031 GRANDY ST.
DETROIT, MICH. 48211
(313) 267-6662
CONTACT:RONALD SCHUTTER

DENVER EMPLOYMENT & TRAINING
COMMISSION
1391 N. SPEER BLVD,SUITE 500
DENVER, COLORADO 80204
(303) 893-3382
CONTACT:HOWARD HOFFER

METROPOLITAN GOVERNMENT OF
NASHVILLE/DAVIDSON COUNTY
915 STAHLMAN BUILDING
NASHVILLE, TENN. 37201
(615) 259-6102
CONTACT:HELEN KING

COUNTY OF ALLEGHENY
1520 PENN AVE.
PITTSBURGH, PENN. 15222
(412) 281-8100
CONTACT:JOY JENKO

2.

CITY OF JACKSONVILLE
VETERANS SERVICE DIVISION
421 W. CHURCH ST.
JACKSONVILLE, FLORIDA 32202
(904) 630-0832
CONTACT:ROBERT JABLONSKI

CITY OF ST. LOUIS,DEPARTMENT
OF HUMAN SERVICES, VETERANS
AFFAIRS OFFICE
CIVIL COURTS BUILDING,12TH FL
ST. LOUIS, MISSOURI 63101
(314) 622-3388
CONTACT:PATRICK SCHOMMER

PIC OFFICE/DEPARTMENT OF
COMMUNITY DEVELOPMENT
100 EDGEWOOD AVE. N.E. #1600
ATLANTA, GEORGIA 30303
(404) 658-6310
CONTACT:H. WYNN MONTGOMERY

PRIVATE INDUSTRY COUNCIL,INC
SERVICE DELIVERY AREA
520 S.W. SIXTH ST. #400
PORTLAND, OREGON 97204
(503)241-4600
CONTACT:ROSIE WILLIAMS

SAN DIEGO REGIONAL EMPLOY. &
TRAINING CONSORTIUM
1551 FOURTH AVE.
SAN DIEGO, CALIFORNIA 92101
(619) 238-1445
CONTACT:JULIE BENEDICT

CITY OF NEW ORLEANS
OFFICE OF VETERANS RESOURCES
1300 PERDIDO ST. ROOM 1W02
NEW ORLEANS, LOUISIANA 70112
(504) 586-4431
CONTACT:AARON C. GILYARD

TOTAL AMOUNT OF MONEY AVAILABLE IS $1.5 MILLION WHICH WILL FUND BETWEEN 15 AND 25 PROJECTS.

NEW HVRP LOCATIONS WILL BE ANNOUNCED JULY 1990.

SINGLE FAMILY PROPERTY DISPOSITION HOMELESS INITITATIVE
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
SINGLE FAMILY PROPERTY DISPOSITION DIVISION ,ROOM 9172
451 SEVENTH ST. S.W.
WASHINGTON D.C. 20410
(202)755-5740

THIS PROGRAM PROVIDES HUD-ACQUIRED SINGLE FAMILY PROPERTIES FOR USE BY THE HOMELESS. IT PROVIDES FOR DISPOSITION TO GOVERNMENTAL ENTITIES AND PRIVATE NONPROFIT ORGANIZATIONS BY DIRECT SALE, LEASE WITH OPTION TO PURCHASE, OR LEASE-OPTION UNDER THE SUPPORTIVE HOUSING DEMONSTRATION PROGRAM AUTHORIZED UNDER THE MCKINNEY ACT.

SUPPLEMENTAL ASSISTANCE FOR FACILITIES TO ASSIST THE
HOMELESS PROGRAM (SAFAH)
5600 FISHERS LANE, ROOM 16C-02
ROCKVILLE, MD 20857
(301) 443-0786

THIS PROGRAM PROVIDES INTEREST-FREE ADVANCES AND GRANTS FOR:

1. COMPREHENSIVE ASSISTANCE FOR PARTICULARLY INNOVATIVE PROGRAMS FOR OR ALTERNATIVE METHODS OF MEETING IMMEDIATE AND LONG-TERM NEEDS OF THE HOMELESS.

2. ASSISTANCE TO COVER COSTS IN EXCESS OF ASSISTANCE PROVIDED UNDER HUD'S EMERGENCY SHELTER GRANTS(ESG) OR SUPPORTIVE HOUSING DEMONSTRATION(SHD) PROGRAMS REQUIRED TO MEET THE SPECIAL NEEDS OF HOMELESS FAMILIES WITH CHILDREN, ELDERLY HOMELESS, OR HANDICAPPED HOMELESS PERSONS,FACILITATE THE TRANSFER AND USE OF PUBLIC BUILDINGS TO ASSIST THE HOMELESS, OR PROVIDE SUPPORTIVE SERVICES FOR THE HOMELESS.

3. ASSISTANCE TO ASSIST IN THE ACQUISITION, LEASE, CONVERSION, OR REHABILITATION OF FACILITIES FOR THE HOMELESS, AND TO DEFRAY COSTS OF PROVIDING SUPPORTIVE SERVICES AND OPERATING FACILITIES FOR THE HOMELESS.

4. ASSISTANCE IN EXCESS OF ESG OR SHD FUNDING IS AVAILABLE FOR ANY ACTIVITY THAT IS ELIGIBLE UNDER THE ESG AND SHD PROGRAMS.

APPLICATIONS FOR THE COMPREHENSIVE ASSISTANCE CATEGORY WILL BE FUNDED FIRST.

ELIGIBLE APPLICANTS: STATES, CITIES, URBAN COUNTIES, GOVERNMENTAL ENTITIES, TRIBES, AND PRIVATE NONPROFIT ORGANIZATIONS.

TOTAL AMOUNT AVAILABLE; 10.83 MILLION(MAXIMUM AMOUNT AVAILABLE THAT EACH APPROVED APPLICANT CAN RECEIVE IS 1 MILLION.)

ATTACHED SHEET LISTS HUD CONTACTS FOR INQUIRES ON SUPPLEMENTAL ASSISTANCE FOR FACILITIES TO ASSIST THE HOMELESS(SAFAH),COMPREHENSIVE HOMELESS ASSISTANCE PLANS(CHAPS),SUPPORTIVE HOUSING DEMONSTRATION PROGRAM(TRANSITIONAL HOUSING AND PERMANENT HOUSING FOR THE HANDICAPPED HOMELESS) AND EMERGENCY SHELTER GRANTS

State	HUD Contact	Phone
Alabama	Jasper Boatright	(205) 731-1672
Alaska	William Melton	(907) 271-3669
Arizona	Diane Domzalski	(602) 379-4754
Arkansas	Billy Parsley	(501) 378-6375
California (Southern)	Herbert Roberts	(213) 251-7235
California (Northern)	Gordon McKay	(415) 556-4457
Colorado	Barbara Richards	(303) 844-3811
Connecticut	Daniel Kolesar	(203) 240-4508
Delaware	John Kane	(215) 597-2665
District of Columbia	James McDaniel	(202) 453-4520
Florida	Cleveland Talmadge	(904) 791-3587
Georgia	Charles Straub	(404) 331-5139
Hawaii	Calvin Lew	(808) 541-1327
Idaho	John Bonham	(503) 326-7018
Illinois	Richard Wilson	(312) 353-1696
Indiana	Robert Poffenberger	(317) 226-5169
Iowa	Joe Jones	(402) 221-3839
Kansas	Miguel Madrigal	(816) 374-6496
Kentucky	Andrew Robertson	(502) 582-5251
Louisiana	Greg Hamilton	(504) 589-7212
Maine	David Lafond	(603) 666-7640
Maryland	Harold Young	(301) 962-2417
Massachusetts	Frank Del Vecchio	(617) 565-5345
Michigan	Richard Paul	(313) 226-4343
Minnesota	Shawn Huckleby	(612) 370-3019
Mississippi	Jeanie Smith	(601) 965-4765
Missouri (Eastern)	David Long	(314) 425-4322
Missouri (Western)	Miguel Madrigal	(816) 374-6496
Montana	Barbara Richards	(303) 844-3811
Nebraska	Joe Jones	(402) 221-3839
Nevada (Las Vegas and Clark County)	Diane Domzalski	(602) 379-4754
Nevada (Balance of State)	Gordon McKay	(415) 556-4457
New Hampshire	David Lafond	(603) 666-7640
New Jersey	Frank Sagarese	(201) 877-1776
New Mexico	Victor Hancock	(817) 855-5483
New York (Upstate)	Michael Merrill	(716) 846-5768
New York (Downstate)	Joan Dabelko	(212) 264-2885
North Carolina	Charles Ferebee	(919) 333-5711
North Dakota	Barbara Richards	(303) 844-3811
Ohio	John Riordan	(614) 469-6743
Oklahoma	Katie Worsham	(405) 231-4973
Oregon	John Bonham	(503) 326-7018
Pennsylvania (Western)	James Getsy	(412) 644-5493
Pennsylvania (Eastern)	John Kane	(215) 597-2665
Puerto Rico	Rafael Isern	(809) 766-5935
Rhode Island	Frank Del Vecchio	(617) 565-5345
South Carolina	Thomas O'Brien	(803) 765-5564
South Dakota	Barbara Richards	(303) 844-3811
Tennesse	Virginia Peck	(615) 549-9422
Texas (Northern)	Victor Hancock	(817) 885-5483
Texas (Southern)	Robert Hicks	(512) 229-6819
Utah	Barbara Richards	(303) 844-3811
Vermont	David Lafond	(606) 666-7640
Virgina	John Levay	(804) 771-2624
Washington	John Peters	(206) 442-0374
West Virginia	James Getsy	(412) 644-5493
Wisconsin	Lana Vacha	(414) 297-3113
Wyoming	Barbara Richards	(303) 844-3811

Please save this list for future reference.

THE ATTACHED SHEET CONTAINS INFORMATION REGARDING THE VARIOUS PROGRAMS FUNDED UNDER THE McKINNEY ACT, INCLUDING THE 1990 FUNDING LEVEL, 1990 NOTICE OF FUND AVAILABILITY, APPLICATION DEADLINES, ELIGIBLE APPLICANTS AND PHONE NUMBERS FOR ADDITIONAL INFORMATION.

Tentative FY 1990 McKinney Program Funding and Application Schedules

as of January 2, 1990

Program Title (Agency)	FY 1990 Funding Level (in millions)	FY 1990 Notice of Fund Availability	Application Deadline	Eligible Applicants	For Additional Information Call
Health					
*Health Care for the Homeless Grant Program (HHS)	$32.4	August 3, 1989	September 15, 1989	Private nonprofit and public entities	(301) 443-2512
Mental Health					
Community Mental Health Services Block Grants (HHS)	$27.7	December 1989	March 31, 1990	States, D.C. and territories	(301) 443-3820
Community Mental Health Services Demo Projects (HHS)	$8.0	February 1990	90 days	To be announced	(301) 443-3706
Alcohol and other Drug Abuse					
Alcohol and Drug Abuse Treatment Demo Projects (HHS)	$16.3	January 1990	To be announced	Public or private nonprofit organizations, including universities and state or local governments.	(301) 443-0786
Emergency Services and Shelter					
AFDC Transitional Housing Demonstration (HHS)	$20.0	January 1990	90 days	States	(202) 252-5300
Emergency Community Services Grants (HHS)	$21.9	December 1989	60 days	50 States, D.C., Puerto Rico, five territories, certain Indian tribes	(202) 252-5300
Emergency Food and Shelter Program (FEMA)	$130.1	**November 16, 1989	Selected jurisdictions have 25 days after receipt of notices to respond to the National Board	Jurisdictions are selected for funding based on criteria established by the National Board	(703) 683-1166 or (202) 646-3315
Emergency Shelter Grants (HUD)	$73.2	**January 12, 1990	45 days	States and certain metropolitan cities, counties and territories	(202) 755-6300
Housing Assistance					
Section 8 Assistance for SRO Housing (HUD)	$73.2	February 1990	90 days	Public housing agencies	(202) 755-6650
Supplemental Assistance for Facilities to Assist the Homeless (HUD)	$10.8	January 1990	60 days	States, metropolitan cities, urban counties, Indian tribes and private non-profit organizations	(202) 755-6300
Supportive Housing	$126.8				
Transitional Housing (HUD)		February 1990	60 days	States, metropolitan cities, urban counties, Indian tribes, PHAs, and private non-profit organizations	(202) 755-6300
Permanent Housing for the Handicapped Homeless (HUD)		March 1990	60 days	States and territories, either on behalf of themselves or private non-profit sponsors or PHAs	(202) 755-6300
Education and Training					
Adult Education for the Homeless Grants (ED)	$6.9	To be announced (Est. Spring 1990)	To be announced	State education agencies	(202) 732-2390
Exemplary Education Grants (ED)	$2.5	April 1990	60 days	State and local education agencies	(202) 732-4726
Homeless Children and Youth Education Grants (ED)	$4.8	To be announced (Est. July 1990)	April 1991 (Est.)	State education agencies	(202) 732-4726
Job Training for the Homeless Demo (DOL)	$9.4	N.A. Recipients to be selected from applications received in 1989	Not applicable	State/local agencies; non-profits; private businesses	(202) 535-0682
Homeless Veterans Reintegration Project (DOL)	$1.9	December 29, 1989	February 16, 1990	State and local public agencies serving the 50 largest U.S. cities and jurisdictions served through the HVRP in FY 1988 and FY 1989	(202) 523-9110

* Announced in July 1989 Program Alert.

** Actual announcement date

HOMELESS CHRONICALLY MENTALLY ILL(HCMI) VETERANS PROGRAM

DEPARTMENT OF VETERAN AFFAIRS

The HCMI Veterans Program was originally authorized under Public Law 100-6. It was then continued under PL 100-71 and most recently PL100-322. Also $15 million for the pilot program was granted through "The Stewart B. McKinney Homeless Assistance Amendments Act,Public Law 100-628".

Through these Public Laws, the VA is authorized to contract with community-based psychiatric residential treatment programs to provide treatment and rehabilitation for homeless chronically mentally ill veterans. Outreach and case management is specified for the coordination and oversight of treatment for these veterans.

There are currently 43 (forty-three) VA medical care facilities receiving funding for established programs. They are:

ATLANTA, GA
AUGUSTA, GA
BATH, NY
BOSTON(OPC),MA
BUFFALO, NY
CHARLESTON, SC
CHEYENNE, WY
CHICAGO, IL(HINES)
CINCINNATI, OH
CLEVELAND, OH
DAYTON, OH
DENVER, CO
EAST ORANGE, NJ
HAMPTON, VA
HOUSTON, TX
INDIANAPOLIS,IN
KANSAS CITY, MO
LITTLE ROCK, AR
LONG BEACH, CA
LOS ANGELES(OPC),CA
LOUISVILLE, KY
MOUNTAIN HOME,TN
NASHVILLE, TN
NEW ORLEANS, LA
NEW YORK, NY
PERRY POINT, MD
PHOENIX, AZ
PITTSBURGH, PA(HD)
PORTLAND, OR
ROSEBURG, OR
SALT LAKE CITY,UT
SAN ANTONIO, TX
SAN DIEGO, CA
SAN FRANCISCO, CA
ST. LOUIS, MO
SYRACUSE, NY
TAMPA, FL
TUCSON. AZ
TUSKEGEE, AL
WALLA WALLA, WA
WASHINGTON, D.C.
W. LOS ANGLES, CA
WILKES BARRE, PA

Each program has an outreach and case management component to work closely with community coalitions to find homeless chronically mentally ill veterans in shelters and on the streets. They are provided complete medical and mental health assessment in a VA clinic or during hospitalization. Some of the veterans are placed in contract community-based residential treatment programs for psychiatric care and rehabilitation. The VA monitors and supervise care provided to the veterans in these programs.

DOMICILIARY CARE HOMELESS VETERAN PROGRAM (DCHV)

DEPARTMENT OF VETERAN AFFAIRS

UNDER PUBLIC LAW 100-71, THE VA HAS AUTHORITY AND FUNDING TO IMPROVE THE DELIVERY OF DOMICILIARY CARE SERVICES TO HOMELESS VETERANS IN URBAN AREAS. ALSO UNDER THE "STEWART B. MCKINNEY HOMELESS ASSISTANCE AMENDMENTS ACT OF 1988", PL 100-628 AUTHORIZES THE APPROPRIATION OF $15 MILLION FOR THIS PROGRAM.

THE VA HAS DEVELOPED 10 NEW DOMICILIARY CARE PROGRAMS THROUGH THE DESIGNATION OF 532 DOMICILIARY BEDS IN URBAN BASED VA MEDICAL CENTERS. THE VA ALSO ESTABLISHED SPECIALIZED HOMELESS VETERANS TREATMENT PROGRAMS AT 10 EXISTING VA DOMICILIARIES. THE PROGRAM CONSISTS OF A COMPREHENSIVE, INDIVIDUALIZED PROGRAM DIRECTED TOWARD ACHIEVING PHYSICAL, MENTAL AND SOCIAL REHABILITATION USING INTERDISCIPLINARY TREATMENT METHODS. THE ULTIMATE GOAL IS TO STABILIZE THE VETERAN MEDICALLY WHILE PROVIDING PSYCHOSOCIAL TREATMENT AND VOCATIONAL COUNSELING NECESSARY TO ALLOW SUSTAINED, SUCCESSFUL INDEPENDENT OR SEMI-INDEPENDENT LIFE IN THE COMMUNITY.

THE 10 SPECIALIZED HOMELESS VETERANS PROGRAMS WITH 306 BEDS ASSIGNED TO IT ARE LOCATED IN THE FOLLOWING EXISTING VA DOMICILIARIES:

BAY PINES, FL
BILOXI, MS
DAYTON, OH
HAMPTON, VA
HOT SPRINGS, SD
LEAVENWORTH, KS
MILWAUKEE, WI
MOUNTAIN HOME, TN
WEST LOS ANGLES, CA
WHITE CITY, OR

THE 10 NEW DOMICILIARY CARE PROGRAMS ARE LOCATED AT THE FOLLOWING VA MEDICAL CENTERS:

BROOKLYN, NY
CLEVELAND, OH
COATSVILLE, PA
LITTLE ROCK, AR
LYONS, NJ
MONTROSE, NY
NORTH CHICAGO, IL
PALO ALTO, CA
PORTLAND, OR
TACOMA, WA

VETERANS ARE FOUND THROUGH OUTREACH ACTIVITY DONE BY THE VA REGIONAL OFFICE CO-ORDINATED WITH THE DOMICILIARY PROGRAM IN THAT AREA. TYPE OF ACTIVITY VARIES REGION TO REGION. IT MAINLY CONSISTS OF A GOING TO LOCAL SHELTERS FOR THE HOMELESS AND ADVISING THE STAFF THERE ABOUT WHAT IS AVAILABLE TO THE VETERAN. COUNSELING IS DONE WITH ANY VETERANS IN THE SHELTER AT THAT TIME, TO IDENTIFY IF THE VETERAN NEEDS MEDICAL CARE, SUBSTANCE ABUSE TREATMENT AND ELIGIBILITY FOR VA BENEFITS.

VIETNAM VETERANS OF SAN DIEGO
VETERANS OUTREACH PROJECT
2822 5TH AVE.
SAN DIEGO, CA 92103
(619) 294-4426

VVSD OPERATES A COMPREHENSIVE HOMELESS VETERANS PROGRAM IN THE SAN DIEGO AREA. THEY OPERATE A LONG TERM TRANSITIONAL HOUSING PROJECT FOR THE HOMELESS VETERANS, A HALF-WAY HOUSE FOR HOMELESS VETERANS WITH SUBSTANCE ABUSE PROBLEMS AND HVRP PROJECT.

1. LONG TERM TRANSITIONAL HOUSING (DUSTOFF)
2822 5TH AVE.
SAN DIEGO, CA 92103
(619) 294-442

    A. HOUSING PROVIDED FOR UP TO SIX MONTHS OR LONGER DEPENDING ON THE CIRCUMSTANCES.
    B. 3 MEALS A DAY ARE PROVIDED.
    C. CLOTHING AND TOILET ARTICLES PROVIDED.
    D. MEDICAL CARE AVAILABLE THROUGH THE SAN DIEGO VA MEDICAL CENTER.
    E. CO-ORDINATES WITH OTHER CITY, COUNTY & FEDERAL PROGRAMS FOR COUNSELING,JOBS AND AID.

2. ALCOHOL ABUSE HALF-WAY HOUSE (LANDING ZONE)
757 11TH AVE.
SAN DIEGO, CA 92103
(619)233-7600

    A. 46 BED CO-ED FACILITY FOR HOMELESS VETERANS
    B. STAY CAN BE UP TO ONE YEAR IF NEEDED.
    C. 3 MEALS A DAY PROVIDED
    D. COUNTY FUNDED
    E. SEVERAL COUNSELING PROGRAMS PROVIDED.
        1. AA MEETINGS
        2. TRIPLE THREAT MEETINGS(ALCOHOL,DRUGS,VIETNAM)
            A. MUST BE IN-COUNTRY VET FOR THIS PROGRAM

3. HOMELESS VETERANS REINTEGRATION PROJECT
500 W. BROADWAY
SAN DIEGO, CA 92103
(619)696-8787

    A. DAY CENTER WHICH TARGETS SERVICES TO HOMELESS VETERANS AND FUNCTIONS AS THE HUB OF THE EMPLOYMENT AND SUPPORTIVE SERVICES SUCH AS:
        1. INTAKE(FIRST STEP IN HELP)
        2. ASSESSMENT AND REFERRAL TO RESPECTIVE AGENCY.

3. DIRECT SERVICES SUCH AS PEER SUPPORT GROUPS
4. SHOWER AND DAY LOCKER FACILITIES
5. MESSAGE AND MAIL CENTER

B. THE OVERALL GOAL OF THIS PROGRAM WITH THE CO-OPERATION OF OTHER SERVICES, IS TO EXPEDITE THE REINTEGRATION OF THE HOMELESS VETERAN INTO THE LABOR FORCE.

THE STAFF OF THE OUTREACH CENTERS ARE MADE UP OF VETERANS WHO HAVE EXPERIENCED HOMELESSNESS. THEY ARE AWARE OF THE WHAT RESOURCES ARE LIKELY TO MEET THE VETERANS SHORT AND LONG TERM NEEDS.

EVERY 4TH OF JULY THE VVSD HAVE A 3 DAY BLITZ TO HELP GET THE INFORMATION OUT TO THE HOMELESS VETERANS. ITS CALLED "STAND DOWN".

25 LARGE MESS TYPE TENTS ARE SET UP IN A LOCAL PARK. OUT OF THESE TENTS, THE HOMELESS VETERAN IS FED, BATHED, GIVEN CLOTHES, MEDICAL AND MENTAL NEEDS ASSESSED, THOSE WITHOUT ID ARE GIVEN VA ISSUED ID, JOB COUNSELING PROVIDED, VA BENEFIT INFORMATION GIVEN OUT, AND A LOCAL COURT WAS HELD BY THE MAGISTRATES WITH SENTENCES GIVEN OUT THAT DID NOT INCLUDE JAIL.

600 HOMELESS VETERANS WERE SEEN AND HELPED OVER THE 3 DAY PERIOD IN 1989.

VVA CHAPTER 251, HOMELESS VETERANS COMMITTEE
PO BOX 247
MILFORD, CONNECTICUT, 06460
(203) 622-8609

CHAPTER PROVIDES FOOD AND CLOTHING TO LOCAL SHELTERS THAT HANDLE ALL HOMELESS IN THE AREA. FOUND MANY TO BE VETERANS.

ARE GOING TO AREAS THAT THE HOMELESS CONGREGATE AND ATTEMPT TO IDENTIFY HOMELESS VETERANS. THEY TAKE TO ONE OF THE SHELTERS AND TO VA MEDICAL CENTER FOR HEALTH NEEDS.

PROVIDE MONEY & FOOD TO VETERANS IN NEED DIRECTLY.

FUNDING IS FROM PRIVATE DONORS.

CLOSEST VA MEDICAL CENTER IS WEST HAVEN, CONNECTICUT.

SUBMITTED BY: VVA CHAPTER 251

SOUTH FLORIDA VETERANS MULTI-PURPOSE CENTER
COMPREHENSIVE NETWORK
1532 N.E. 4TH AVE.
FT. LAUDERDALE, FL
(305)523-7660

COMPREHENSIVE NETWORK (CN) PROGRAM IS DESIGNED TO ASSIST HOMELESS VETERANS AS THEY ARE REINTEGRATED BACK INTO THE WORK FORCE THROUGH A THREE PHASE ASSISTANCE PLAN. THE ULTIMATE GOAL OF THE PROGRAM IS TO SUPPORT THE VETERAN IN MAKING THE TRANSITION FROM STREET LIFE TO INDEPENDENT LIVING.

FIRST PHASE OF PROGRAM IS TO INCORPORATE ASSISTANCE WITH CN AND THE COUNTY PROGRAMS.THIS PROVIDES A SAFETY NET TO ALLOW FOR THE TRANSITION BETWEEN THE VETERAN AND CN. WORKING TOGETHER ALLOWS CN CASE MANAGEMENT FOLLOWTHROUGH AND ASSESSMENT OF THE ONGOING NEEDS OF THE VETERAN. THE VETERAN WILL BE PROVIDED WITH COMMUNITY RESOURCES, COUNSELLING, FINANCIAL GUIDANCE AND DIRECTION AND TRANSITIONAL HOUSING WHILE WORKING FULL TIME.

SECOND PHASE IS TO SEARCH FOR INDEPENDENT HOUSING. CN WILL LOOK CLOSELY AT THE LOCATION OF RESIDENCE TAKING INTO CONSIDERATION COST, TRANSPORTATION AND SAFETY FACTORS AS WELL AS THE FINANCIAL PLANNING FOR THE MOVE. CN ALSO ASSISTS THE VETERAN IN GETTING HOUSEHOLD FURNITURE & GOODS, AND UNDERSTANDING THE LEASES AND PAPERWORK INVOLVED.

THIRD PHASE IS THE ACTUAL MOVE FROM TRANSITIONAL HOUSING TO RESIDENCE OF THE VETERAN WHO IS CAPABLE OF LIVING INDEPENDENTLY, WITHOUT CONTINUED AGENCY SUPPORT AND THE FOLLOW-UP ASSESSMENTS FOR EMPLOYMENT AND HOUSING STABILITY.

THROUGH EACH PHASE OF THE PROGRAM, THE VETERAN IS CLOSELY ASSISTED VIA COUNSELING, PEER SUPPORT, COMMUNITY RESOURCES AND ASSISTANCE AND EMPLOYER/EMPLOYEE COMMUNICATIONS.

TRANSITIONAL HOUSING IS PROVIDED FROM WEEKLY TO 60 DAYS.

3 MEALS A DAY ARE PROVIDED BY THE COUNTY.

CLOTHING PROVIDED IF NEEDED.

JOB TRAINING & JOB PLACEMENT PROVIDED WITH VERS PROGRAM.

MEDICAL CARE PROVIDED AT LOCAL CLINICS

CLOSEST VA MEDICAL CENTER: MIAMI, FLORIDA

PUBLIC FUNDING THROUGH TELEMARKETING AND VARIOUS PROJECTS.

OTHER SERVICES AVAILABLE THROUGH THE MUTI-PURPOSE CENTER

SERVICE REPRESENTATIVE PROGRAM TO ASSIST VETERANS AND THEIR FAMILIES WITH CLAIMS FOR VA BENEFITS AND PRIVILEGES.

VET TO VET CRISES PHONE LINE WHERE VETS CAN CALL AND TALK TO ANOTHER VET WHO UNDERSTANDS THE PROBLEMS AND FEARS THAT THE VETERAN MAY HAVE WITH PTSD & SUBSTANCE ABUSE.

VETERANS EMPLOYMENT REFERRAL SERVICE ALLOWS A VETERAN TO FILE A SINGLE EMPLOYMENT APPLICATION AND BE CONSIDERED FOR EMPLOYMENT BY COMPANIES IN THE SURROUNDING AREA.

TRANSPORTATION SYSTEM THAT PROVIDES A VAN THAT IS EQUIPPED FOR 4 WHEELCHAIR AND 4 AMBULATORY VETERANS. SERVICE IS PROVIDED TO THE VA CLINIC, VA HOSPITAL AND BACK HOME.

VETERANS VIEW POINT IS A PROGRAM DESIGNED WHERE THE MEDIA CAN BE SURE THAT THE VETERANS VOICE CAN BE REPORTED WITH ACCURACY AND REFERRED TO THE PROPER ORGANIZATION HAVING THE BEST KNOWLEDGE OF THE SUBJECT.

CLOTHING ALLOTMENT PROGRAM ALLOWS UP TO $50 OF CLOTHES TO BE GIVEN TO A VETERAN AND HIS FAMILY THROUGH A WORLD THRIFT STORE.

ALCOHOLICS ANONYMOUS PROGRAM HOLDS THEIR MEETINGS AT THE CENTER EVERY WEEK, REACHING OUT TO VETERAN AND HIS FAMILY.

POINT MAN MINISTRIES PROGRAM HELD WEEKLY AT THE CENTER

SUBMITTED BY: VVA CHAPTER 23 BROWARD COUNTY FLORIDA.

TEMPORARY SHELTER FOR THE HOMELESS, INC.
745 CENTRAL DR.
PRESQUE ISLE, MAINE
(207) 764-4125

HANDLES ALL HOMELESS PEOPLE(NOT HOMELESS VETERAN SPECIFIC)

PROVIDES SHELTER AND TEMPORARY TRANSITIONAL HOUSING UNTIL FUNDS CAN BE FOUND TO PAY RENT.

3 MEALS A DAY ARE PROVIDED, PLUS 2 SNACKS.

CLOTHING IS PROVIDED IF NEEDED.

ASSIST WITH FINDING JOBS.

FUNDING FROM PRIVATE, CITY AND FEDERAL FUNDS.

CLOSEST VA MEDICAL CENTER IS TOGUS, MAINE.

VA MEDICAL CENTER OUT REACH CLINIC FOR MEDICAL CARE FOR VETERANS.

OTHER PEOPLE REFERRED TO CARY MEDICAL CENTER, CARIBOU, MAINE.

TRANSPORTATION SUPPLIED TO OTHER AGENCIES.

SUBMITTED BY: VVA CHAPTER 478

NEW ENGLAND SHELTER FOR HOMELESS VETERANS

17 COURT STREET
BOSTON, MASSACHUSETTS, 02108
(617) 248-9400

HANDLES HOMELESS VETERANS ONLY.

PROVIDES SHELTER & TRANSITIONAL HOUSING IN AN OLD VA CLINIC BUILDING. CURRENTLY HAS 120 BEDS ON THE FIRST FLOOR. 8 OTHER FLOORS ARE NOT USED CURRENTLY.

3 MEALS A DAY PROVIDED.

CLOTHING IS PROVIDED IF NEEDED.

FUNDING IS FROM FEDERAL, STATE & LOCAL ENTITIES.

CLOSEST VA MEDICAL CENTER IS BOSTON, MASS.

WHEN FULLY OPERATIONAL, WILL BE A ONE STOP SHOP, OFFERING JOB TRAINING & PLACEMENT, COUNSELING FOR MENTAL & SUBSTANCE ABUSE AND IN HOUSE MEDICAL CARE.

ALL TENANTS MUST SIGN A CONTRACT & RULES EXPLAINING EXACTLY WHAT IS EXPECTED OF THEM.

THE BUILDING ENTRANCE HAS A METAL DETECTOR AT THE DOOR AND ALL TENANTS MUST PASS THROUGH IT UPON ENTERING.

PROVIDE TRANSPORTATION TO JOBS AND APPOINTMENTS FOR TENANTS.

SUBMITTED BY: KEN SMITH, VIETNAM VETERANS WORKSHOP
VVA CHAPTER 424

SALVATION ARMY BORDEN AVENUE VETERANS RESIDENCE
21-10 BORDEN AVENUE AT 21 STREET
LONG ISLAND CITY, N.Y. 11101
(718)784-4466

HANDLES HOMELESS VETERANS WHO HAS A DD-214 AND HAS BEEN THROUGH THE BEDFORD ATLANTIC ASSESSMENT SHELTER AT 1322 BEDFORD AVE,BROOKLYN, NY, OR BEEN THROUGH OTHER SHELTERS IN NYC.

MUST SIGN A CONTRACT AGREEING TO FOLLOW BORDEN AVE. RESIDENCE RULES.

MUST BE WILLING TO GIVE UP DRUGS AND ALCOHOL.

MUST SIGN A SECOND CONTRACT AGREEING TO SEEK HELP WITH YOUR PROBLEMS.

WHEN READY, MUST GET A PERMANENT JOB.

WORK WITH 18 OUTSIDE ORGANIZATIONS PROVIDING ONSITE SERVICES FOR SUBSTANCE ABUSE,SOCIAL AND SUPPORTIVE SERVICES, VOCATIONAL/EMPLOYMENT SERVICES, MOTIVATION, EDUCATION, RECREATION AND RELIGION.

3 MEALS A DAY ARE PROVIDED.

CLOTHING IS PROVIDED.

MEDICAL CARE PROVIDED THROUGH CITY, STATE & FEDERAL AGENCIES.

AVERAGE OF ABOUT 395 VETERANS ARE THERE DAILY.

FUNDING FROM CITY, STATE & FEDERAL PROGRAMS.

SUBMITTED BY VVA NATIONAL

C.O.P.I.N. HOUSE
5622 BUFFALO AVE.
NIAGARA FALLS, NY 14304
(716)283-5622

15 BED THERAPEUTIC RESIDENTIAL IN-HOUSE TREATMENT FACILITY FOR VIETNAM VETERANS WITH PTSD.

LENGTH OF STAY DEPENDS ON THE CONTRACT COVERING VETERAN.

ADMITTANCE IS THROUGH REFERRAL FROM ONE OF THE AGENCIES THAT HAVE CONTRACTS WITH C.O.P.I.N..

FUNDING IS FROM STATE,SOC. SERV. CONTRACTS AND VA CONTRACTS.

PROVIDE CRISIS COUNSELING, RAP GROUPS FOR VETS AND THEIR WIVES.

FOOD AND CLOTHING PROVIDED.

REFERRALS FOR JOB TRAINING, JOB COUNSELING, AND PLACEMENT.

NEAREST VA MEDICAL CENTER IS BUFFALO, NY.

VETERANS WHO HAVE JUST BEEN PAROLED AND HAVE PTSD ARE ALSO REFERRED TO THIS FACILITY.

SUBMITTED BY: VVA CHAPTER 77

VVA CHAPTER 10 HOMELESS VETERAN PROJECT
4183 HAMILTON AVE.
CINCINNATI, OHIO, 45223
(513) 541-8080

CHAPTER 10 & 56 MERGED TOGETHER AND BOUGHT AN OLD 3 STORY APPLIANCE BUILDING BACK IN 1987.

THE BULK OF THEIR FUNDS FOR THIS PROJECT COME FROM TELEMARKETING DONE BY A PROFESSIONAL FUNDRAISER.

THE FIRST FLOOR HAS BEEN REHABILITATED INTO THE CHAPTER MEETING HALL AND OFFICES. THE SECOND FLOOR IS STILL IN THE PROCESS OF BEING COMPLETED INTO LIVING QUARTERS FOR 5 HOMELESS VETERANS. CURRENTLY THERE IS ONE VETERAN RESIDING THERE, WHO IS HELPING WITH THE REHAB.

WHEN FINISHED, THERE WILL BE 5 SEPARATE SLEEPING ROOMS, SHARING A COMMON, LIVING ROOM, KITCHEN & BATHROOM.

WILL BE TRANSITIONAL HOUSING FOR AS LONG AS IT TAKES FOR THE VETERAN TO BECOME SELF SUSTAINING.(NO TIME LIMIT AS OF YET)

2 MEALS A DAY ARE PROVIDED.

CLOTHING IS PROVIDED.

MEDICAL CARE IS PROVIDED THRU THE VA MEDICAL CENTER.

CLOSEST VA MEDICAL CENTER IS CINCINNATI, OHIO.

PLANNING TO PROVIDE JOB COUNSELING & PLACEMENT.

SUBMITTED BY: VVA CHAPTER 10 HOMELESS PROJECT

HOLY CROSS MISSIONARY SOCIETY
955 E. 70TH STREET
CLEVELAND, OHIO, 44103
(216) 391-0530

PROVIDES SHELTER TO JUST RELEASED INCARCERATED MEMBERS OF VVA CHAPTER 281, CHILLICOTHE CORRECTIONAL INSTITUTE.

SHELTER & TRANSITIONAL HOUSING PROVIDED UP TO 90 DAYS AFTER RELEASE FROM PRISON.

3 MEALS A DAY ARE PROVIDED.

CLOTHING IS PROVIDED AS NEEDED.

ASSIST WITH JOB PLACEMENT

FUNDING IS FROM THE PRIVATE SECTOR.

CLOSEST VA MEDICAL CENTER IS EAST CLEVELAND, OHIO.

MEDICAL CARE IS PROVIDED THROUGH PUBLIC AGENCIES.

HOLY CROSS MISSIONARY SOCIETY IS A PRIVATE MISSION FOR HOMELESS MALES. CHAPTER 281 HAS AN AGREEMENT WITH THE DIRECTOR, FATHER CHARLES CAMPBELL, WHERE UPON RELEASE FROM PRISON, HE WILL ACCEPT HOMELESS VVA MEMBERS.

SUBMITTED BY: VVA CHAPTER 281

VVA OHIO STATE COUNCIL PROJECT TRANSITION
65 S. FRONT ST. SUITE 221
COLUMBUS, OHIO 43215
(614) 228-0188

ASSISTS ECONOMICALLY DISADVANTAGED, HOMELESS AND MARGINALLY HOUSED VETERANS IN OBTAINING THEIR NEEDS BY PERSONAL CONTACT AND NETWORKING THEM WITH AGENCIES THAT CAN PROVIDE HANDS-ON ASSISTANCE TO THEIR NEEDS.

TRANSITIONAL HOUSING PROVIDED THROUGH THE YMCA FOR MAXIMUM OF TWO WEEKS OR MORE DEPENDING ON THE CASE.

FOOD AND MEALS PROVIDED THROUGH LOCAL SOUP KITCHENS AND PANTRIES.

CLOTHING IS PROVIDED IF NEEDED.

ASSIST IN OBTAINING IDENTIFICATION FOR THE VETERAN, DD214, STATE ID CARD OR DRIVERS LICENSE.

MEDICAL CARE PROVIDED THROUGH VAMC, LOCAL HOSPITALS AND CLINICS.

CLOSEST VA MEDICAL CENTER IS CHILLICOTHE & DAYTON, OHIO.

PROVIDE JOB TRAINING AND JOB PLACEMENT.

FUNDING PROVIDED FROM PUBLIC, LOCAL AND VVAF.

PROGRAM USES FOUR VISTA VOLUNTEERS WHO GO INTO LOCAL SHELTERS, SOUP KITCHENS AND OTHER LIVING PLACES, SEEKING OUT HOMELESS VETERANS. THEY OFTEN DRIVE THE HOMELESS VETERAN TO THE AGENCIES THEY NETWORK WITH AND TO APPOINTMENTS.

AGENCIES USED: VETERANS ADMINISTRATION, VETERANS SERVICE COMMISSION, VET CENTER, OHIO BUREAU OF EMPLOYMENT SERVICES, HUMAN SERVICES AGENCIES,MENTAL HEALTH AGENCIES, PRIVATE INDUSTRY COUNCIL, OHIO LITERACY COUNCIL,AMERICAN RED CROSS, SALVATION ARMY AND NATIONAL PERSONNEL RECORDS CENTER.

DONATIONS RECEIVED FROM WENDYS, MCDONALDS, WHITE CASTLES FOR FOOD AND GILLETTE FOR TOILET ARTICLES.

SUBMITTED BY: VVA OHIO STATE COUNCIL

VVA OHIO STATE COUNCIL INCARCERATED VETERANS OUTREACH
65 S. FRONT ST., SUITE 221
COLUMBUS, OHIO 43215
(614) 228-0188

ASSIST RECENTLY RELEASED INCARCERATED VETERANS WITH SHELTER AND FOOD AND JOB ASSISTANCE.

TRANSITIONAL HOUSING PROVIDED BY THE YMCA FOR MAXIMUM OF TWO WEEKS OR MORE DEPENDING ON THE CASE.

FOOD AND MEALS PROVIDED THROUGH LOCAL SOUP KITCHENS AND PANTRIES.

JOB TRAINING AND JOB COUNSELING PROVIDED FROM AGENCIES IN THE AREA,

FUNDED PRIVATELY FROM THE AGENT ORANGE ASSISTANCE PROGRAM.

MEDICAL CARE PROVIDED AT VAMC, LOCAL HOSPITALS AND CLINICS.

CLOSEST VA MEDICAL CENTERS ARE CHILLICOTHE AND DAYTON, OHIO.

SUBMITTED BY: VVA STATE OF OHIO

ANACORTES 100 FOOD BANK AND SHELTER
512 FOURTH ST.
ANACORTES, WASHINGTON
(206) 293-6445

HANDLES ALL HOMELESS PEOPLE(NOT HOMELESS VETERAN SPECIFIC)

PROVIDES SHELTER FOR ONE-TWO WEEKS. LONGER DEPENDING ON CIRCUMSTANCES(EX. PERSON RECOVERING FROM SURGERY)

3 MEALS A DAY PROVIDED.

CLOTHING PROVIDED IF NEEDED.

FUNDING IS FROM PRIVATE DONATIONS

CLOSEST VA MEDICAL CENTER IS SEATTLE, WASHINGTON.

WORK WITH DEPT. SOCIAL & HUMAN SERVICES.

SUBMITTED BY: VVA CHAPTER 382

VIETNAM VETERANS LEADERSHIP PROGRAM TRANSITIONAL HOUSING
506 SECOND AVE., ROOM 311
SEATTLE, WASHINGTON 98104
(206) 467-0714

NOT IN OPERATION YET

HANDLE ALL HOMELESS VETERANS, PRIORITY GIVEN TO THOSE WHO CAN BE QUICKLY REHABILITATED TO A PERMANENT JOB AND OUT ON THEIR OWN.

PROVIDE TRANSITIONAL HOUSING PROBABLY UP TO 6 MONTHS

3 MEALS A DAY WILL BE PROVIDED.

MEDICAL CARE WILL BE GIVEN AT VA MEDICAL CENTER, SEATTLE.

JOB TRAINING AND JOB PLACEMENT WILL BE PROVIDED.

COUNSELING PROVIDED. FOR WHAT ?

FUNDING PRIMARILY FROM CITY/COUNTY VET SERVICES.

PURCHASED HOUSE, CURRENTLY BEING RENOVATED, OCCUPANCY SPRING 1990.

VETS WILL BE SCREENED BY VVLP MEMBER EMPLOYED BY COUNTY VETERANS SERVICES.

SUBMITTED BY: BOB MCCLUSKEY/JOEL ESTEY

PHILOSOPHICAL STATEMENT ON HOUSING FOR SOCIALLY AND ECONOMICALLY DISENFRANCHISED PEOPLE

Presented to Senator Donald W. Reigle
at the
U.S. Senate, Banking and Housing and Urban Affairs Hearing
March 26, 1990

Submitted by:

Dolores E. Weis
Dolores E Weis
Director of Special Projects
United Way For Southeastern Michigan
1212 Griswold
Detroit, MI 48216

Elmer Cerano

Executive Director
United Cerebral Palsy of Metropolitan Detroit
17000 West Eight Mile
Suite 380
Southfield, MI 48075

Statement on Housing

Housing programs in our country must change direction in order to successfully address the endemic problem of homelessness in our cities today. Attitudes that embrace "mainstream" housing and the choice of a person to live where they want, need to replace the stereotype of "grouping" people in like areas. Too often programs and projects are designed to take already economically and socially disenfranchised people and place or keep them in economically and socially distressed areas. New ideas and programs need to be explored and developed, such as utilization of existing housing in areas where people choose to live, and the development of comprehensive service coordination systems that provide consistent services for an individual and their family.

The purpose of this statement is to bring to your attention the critical importance of altering the present stereotypical thinking about housing and replacing it with ideas that are much more conducive to helping people successfully integrate into society.

At a time when the problems of housing and homelessness continue to make headlines all across the nation, human service agencies fight for scarce resources available for permanent and transitional housing for people. These resources include Section 8 rent subsidies, dollars for renovation of public and private housing and dollars for rehabilitative and habilitative programs. Human service agencies constantly face the challenge of finding decent, accessible and affordable housing and are often unable to satisfy the needs in their geographic service area. The problem is not always availability of adequate housing, but that the housing is not affordable, and often not physically accessible. Because most clients cannot afford housing in safe, centralized areas, they are forced to take what is available. Placement in shelters, housing projects and public housing is often the only resource available for human service providers to offer to low-income and homeless people. These areas historically have the reputation of being unsafe, mismanaged and drug infested....not areas people should be placed in who are rehabilitating their lives or who simply need a roof over their head.

There is a tendency for human service providers, government housing agencies and social service funders to develop programs that group people with similar problems together in the same building or area. Persons with mental health problems or physical disabilities are often placed together in "group homes", and poor or homeless people are sent to shelters or "projects". Services are often fragmented and clients who have no reliable means of transportation end up seeing two or three different social service workers for different problems. Given this frustrating situation, when a person is living in an area or building that was not their choice and then have to go from place to place to get assistance for his or her problems, it is not surprising that many people fail to break the pattern of apathy, poverty and homelessness that has enveloped our nation.

Changes must occur in two areas in order to begin to break the cycle of dependency that our health and human service system has perpetuated.

1) Human Service providers, government agencies, social service funders and political leaders must begin to think in terms of "mainstreaming" economically and socially disenfranchised people into our society, instead of isolating them in areas where they are set up to fail. New ideas must be developed that get to the heart of this problem and alternatives must be created to replace a present welfare system that perpetuates many of the problems it was designed to correct.

2) Emphasis must be placed on comprehensive service coordination systems that provide services and consistent follow-up for an individual and their family. This involves the support and funding of coordinated service centers and includes the education and training of case managers as generalists in all human service areas.

This way of thinking requires a new "mindset" - not only for health and human service groups but for the general public as well. Millions and millions of dollars are spent each year on housing renovations and programs for the homeless, yet the problem continues to grow. Integrating people into society and giving them the opportunity to get ahead not only requires the support of programmers, funders and politicians, but also the support of the neighbor next store. Public acknowledgment of this philosophy by our political leaders, would go a long way in changing attitudes and developing the type of programs that will break the welfare cycle and provide realistic opportunities for many people to make their own choices and to help themselves.

It is time for new programs, new attitudes and new dollars that more clearly help to establish economically and socially disenfranchised people as permanent, deserving citizens of our society.

HUMAN RELATIONS COMMISSION

Matthew S. Collier
MAYOR

LaDonna J. Gamble
EXECUTIVE DIRECTOR

March 23, 1990

Senator Donald W. Riegle, Jr.
Chairman
Banking, Housing, and
Urban Affairs Committee
1850 McNamara Federal Bldg.
477 Michigan Avenue
Detroit, MI 48226

RE: SENATE BANKING, HOUSING & URBAN AFFAIRS COMMITTEE HEARING

Dear Senator Riegle:

I would like to thank you for the opportunity to express my opinion regarding the growing problem of the homeless individuals in our nation. I sincerely believe that there are many non-profit organizations with the capability of addressing the problems being faced by these homeless individuals and homeless families, if the Federal Government would make more monies available to these organizations.

I also feel that the National Affordable Housing Act is an important first step toward solving the nation's problems regarding the homeless and in building partnerships for affordable housing.

If I can be of any service to you in the future, please do not hesitate to call on me.

Sincerely,

Rosia Anderson

Rosia Anderson
Housing Coordinator

RA/bb

H FH.L.DR1

CITY HALL 1101 S. SAGINAW STREET FLINT, MICHIGAN 48502 (313) 766-7430 766-7120 TDD

MAYOR'S OFFICE ON AGING AND HANDICAPPED

Matthew S. Collier
MAYOR

Michael A. Fosler
DIRECTOR

March 20, 1990

Senator Donald W. Riegle, Jr.
United States Senate
Washington, D.C. 20510

Dear Senator Riegle:

This testimony is offered on behalf of the members, staff, Board of Directors and volunteers of the City of Flint's VISTA Drop-In Center and we want to express our appreciation for your interest in homelessness and for holding this hearing to give homelessness a greater focus.

The VISTA Drop-In Center is a day-time activity Center located in downtown Flint which offers both passive and structured activities. The Center opens its doors seven days a week to the mentally ill, developmentally disabled and emotionally needy adults and serves approximately 500 citizens per year. Homeless individuals comprise 20% of our consumers, and seek shelter as well as supportive services at the Center each day. The Center is supported by the Genesee County Alliance for the Mentally Ill, Genesee County Community Mental Health Services, Federal Housing Urban Development Emergency Shelter grant funds, Community Development Block Grant funds and a broad range of community and individual contributors.

Many of the problems that our consumers face in relationship to housing, are in the following three areas:

1) The lack of available, affordable housing alternatives.
2) The lack of safe sanitary housing for a low-income renter.
3) The lack of supportive services to meet the special needs of our consumers in accessing housing, i.e. transportation and the search-process.

Centers as ours help, but so much more assistance is needed. Placing ones name on a long waiting list for housing does not enhance their present quality of life. Services offering guidance, training, skill development and employment are as important as offering a bed and a meal.

We ask your help, Senator Riegle, by supporting programs that will allow the homeless, mentally ill, poor and handicapped a chance at what should be seen as their right to have a safe, decent, affordable place to live -- a place where they can feel good in saying "this is my home".

• CITY HALL 1101 S. SAGINAW STREET FLINT, MICHIGAN 48502 (313) 766-7276 766-7120 TDD •

Solutions lie within the areas of housing rehabilitation, housing construction, rent subsidies and an increased support service for the millions of alienated, isolated people that are now living in our country in a very desperate way.

Solutions can be found by looking at priorities. Solutions can be found in our hearts. Thank you for your time and consideration on behalf of those we serve.

Sincerely,

Florence Cooks

Florence Cooks, Chairperson
VISTA Drop-In Center Board of Directors

Michael Fosler

Michael A. Fosler, Director
Mayor's Office on Aging and Handicapped

C. Patrick Beal

C. Patrick Beal, Social Worker/Coordinator
VISTA Drop-In Center

WAYNE COUNTY TASK FORCE FOR THE DISABLED

March 1, 1990
Highlights/Agreements

Participants: Jarold Adams, Ivan Cotman, Mary Cozart, Sallie Dinwiddie, Mark W. Fosdick, Mozella Garrett, Bob Hurley, Lynne McKinney, Bill McShane, Lyndia McQueen, Cecil Moix, Rosie Raglin, Carlos Ruiz, Karen Schrock, Deborah L. Scott, Cheryl Anderson Small, Phillip Smith, Jose B. Vidaurri, Patsy White

- Introductions were done by Robert S. Hurley who introduced Jarold Adams of the Detroit-Wayne County Community Mental Health Board and Deborah L. Scott of the Wayne County Patient Care Management System who were members of the Steering Committee which initiated the Task Force. Bob touched on the modus operandi of the Task Force which will be to identify groups or situations needing attention according to the goals, to verify or substantiate the need, and to take action to alleviate the need.

- Deborah L. Scott welcomed the Task Force members as hostess of this first meeting.

- Dr. Ivan Cotman brought greetings and encouragement from the State Board of Education and Dr. Bemis, the Superintendent.

- Dr. Angela Kennedy brought greetings and encouragement from the Detroit-Wayne County Community Health Board.

- Deborah L. Scott provided a brief history of the Task Force.

- Jarold Adams reviewed the Task Force goals. She stated that the goals reflect the need for:

  - Flexibility in financing.
  - Flexibility in assisting people to improve the overall quality of their lives.
  - An integrated process to assure that the needs of the clients are met.
  - Removal of the artificial barriers to service which exist.

- Harvey Schoof began working with the group to develop a paradigm of action. The Task Force did a preliminary exercise to identify groups which are not served or underserved by SSI and Medicaid. Some of the groups identified were:

- Homeless
- Young Adults
- Mentally Ill (not chronic and those who do not meet criteria financially)
- Dual Diagnosis (substance abuse + physically disabled, substance abuse + mentally disabled)
- Senior Citizens with Partial Coverage
- HIV + not meeting guidelines
- Emancipated Youths
- Institutionalized Felons
- AFC Home Residents without Family
- Children
- Non-English speaking claimants
- Functional Illiterates

* Bob Hurley thanked the Task Force members for accepting the call to duty.

Assignments/Agreements

1. Task Force meetings will be on the first Thursday of the month.

2. The second Task Force meeting will be held on April 5, 1990 at the Patient Care Management System offices at 640 Temple St. in Detroit. Meeting time, agenda, and other particulars will be sent at a later date.

3. Meetings of the Task Force will be monthly for the first four to five months. The need for monthly meetings will be evaluated at that time.

4. The members were charged to identify other groups who meet the criteria for Goal number 1 and to share these groups with population estimates at the next meeting.

5. The second meeting will continue the process of goal refinement and objective identification.

WAYNE COUNTY TASK FORCE FOR THE DISABLED

OMNI INTERNATIONAL HOTEL

MARCH 1, 1990

GOALS

- Identify groups of disabled clients who are not served or are under served by the Medicaid or Supplemental Security Income programs and ensure maximum servicing of these individuals.
- Document situations where coordinated approaches would better serve mutual clients and initiate new cooperative servicing efforts.
- Maximize the sharing of medical information by the providers of client services and eliminate the unnecessary purchasing of duplicate medical information.
- Assure that disabled clients receive the maximum benefits of local, county, state and federal funding.

REGISTRATION	8:15 A.M.
BUFFET BREAKFAST	8:30 A.M.
PROGRAM	9:00 A.M.

INTRODUCTIONS FROM THE CHAIRPERSON	**ROBERT S. HURLEY, DIRECTOR** INTERAGENCY COORDINATION PROJECT MICHIGAN BUREAU OF REHABILITATION AND DISABILITY DETERMINATION
WELCOME	**DEBORAH SCOTT, DIRECTOR** WAYNE COUNTY PATIENT CARE AND MANAGEMENT SYSTEMS
GREETINGS	**DR. IVAN COTMAN** ASSOCIATE SUPERINTENDENT MICHIGAN BUREAU OF REHABILITATION AND DISABILITY DETERMINATION
GREETINGS	**DR. ANGELA KENNEDY, DIRECTOR** DETROIT - WAYNE COUNTY COMMUNITY MENTAL HEALTH BOARD
HISTORY OF THE "WAYNE COUNTY TASK FORCE FOR THE DISABLED"	**DEBORAH SCOTT, DIRECTOR** WAYNE COUNTY PATIENT CARE AND MANAGEMENT SYSTEMS
GOALS	**JAROLD A. ADAMS** DETROIT - WAYNE COUNTY COMMUNITY MENTAL HEALTH BOARD
DEVELOPING OBJECTIVES	**HARVEY SCHOOF** FACILITATOR
ASSIGNMENTS/CLOSING REMARKS	**ROBERT S. HURLEY**

From: Pat Griebe at Riegle-Detroit 4/17/90 10:41AM (362 bytes: 8 ln)
To: Ginny Haas at Riegle-Lansing
Subject: BOB HURLEY HEARING TESTIMONY
------------------------------ Message Contents --------------------

THE ADDRESS YOU NEED IS

BOB HURLEY
INTER AGENCY COORIDINATION PROJECT
41001 W. 7 MILE ROAD
SUITE 149
NORTHVILLE, MICIGAN 48167

MAR 8 - 1990

Pat,

Attached is the information we promised to share on the Wayne County Task force. Secondly, information on our prior efforts with the "Homeless Project".

We would appreciate having information in the record and look forward to helping the homeless, blind and disabled in any way.

I will be in attendance on 3/26/90 at your hearing.

If you have any questions do not hesitate to call me.

Bob Hurley
347-4776

DETROIT SHELTER PROJECT

Background

The Detroit Shelter Project was initiated in March, 1985 as the result of an agreement among the Michigan Department of Education, the Department of Social Services and the Social Security Administration. The objective of the project was to provide an opportunity for homeless citizens living in shelters to apply for Social Security Disability benefits. We anticipated 400 applicants a year through this service with 320 (80%) qualifying for disability benefits resulting in an estimated savings to the State of Michigan of slightly under a million dollars per year.

Accomplishments

After approximately two months of planning and training meetings the Detroit Shelter Project was implemented at COTS Shelter in Detroit in May, 1985. During the next eight months only 16 applicants were identified by the shelter staff; originally we had anticipated 10-12 applicants per month. Twelve applicants (75%) qualified for disability benefits primarily on the basis of a psychiatric impairment. The shelter project at COTS was discontinued in December, 1985 by mutual agreement among all the participants due to the low number of applicants identified and referred to the project by the shelter staff.

Special Problems

As noted in R. Hurley's memo of 2/22/85 to W.H. Edmondson "the effort in coordination generated by the shelter itself is the focal point for [the success of] the entire project." Despite the best intentions of its director, Jarrie Tent, COTS staff was unable to carry out its responsibilities as the key participant in the Shelter Project.

Internal coordination problems at the shelter were constant and eventually overwhelming. Shelter staff was consistently unable to identify a sufficient number of applicants (expected 10-12; actual 0-2) in any given month throughout the project period. Prior to the beginning of the project DDS staff provided intensive training in the identification process to the shelter coordinator; however, after the first interview day, the shelter coordinator resigned from COTS. The shelter did not notify the DDS nor did they designate a new coordinator until after the second interview day when only two applicants were identified. (An untrained staff member assumed this responsibility.) During the eight months of the project there were four shelter project coordinators. Each time the DDS provided training but the number of applicants failed to increase.

Another factor which contributed to the low number of applicants identified was the lack of commitment or priority given to the project by the shelter staff. In all fairness, the agency appeared to be understaffed at the onset of the project; most of its staff's energy appeared to be directed toward meeting the daily and immediate needs of its transient and, sometimes volatile, clientele as well as maintaining the facility itself. There appeared to be little time left to follow through on shelter project responsibilities.

The target population for this project, i.e., homeless, transient people with primarily psychiatric impairments, played a role in the low number of applicants for this project. Many of these people are fearful or suspicious of "government" programs; shelter staff stated that they had to be cautious in approaching potential applicants especially in regard to obtaining the individual psycho-social histroy which was required as documentation evidence for establishing disability. Ensuring that applicants remained at the shelter until interview day and/or followed through with the interview process was also a difficult responsibility over which the shelter staff had little control.

Efforts were made by DDS, SSA and DSS to minimize these problems. A psycho-social history form was specifically designed by the DDS with input from the shelter staff and from the SSA Chicago Regional Office to be used with shelter applicants only to obtain the least amount of personal information necessary to meet the minimum documentation requirements for establishing disability. Another effort involved shortening the time between the identification process by shelter staff of applicants and the actual interview/claims process from two weeks to three days. A third effort involved having the project coordinator from DSS at the shelter on interview day specifically to respond to any questions/concerns which the applicant may have had about the project process. None of these efforts were sufficient to increase project applicants.

Other internal shelter coordination problems which occurred during the project included the absence of the shelter coordinator on interview day; lack of facility readiness, i.e., interview rooms not cleaned, other shelter residents had access to the interview area despite a previous agreement to a restricted area, shelter staff interrupting the interviewers in order to use the phone, etc.; and shelter staff unable to provide transportation (approximately 2 miles) and/or accompany applicants to off-site exams which, in some instances, were necessary to evaluate the physical impairments of applicants.

Expansion Efforts

In January, 1986 the DDS for the second time surveyed all Detroit area shelters for interest in participating in the Detroit Shelter Project. Four of twelve agencies responded including the Salvation Army, Detroit Rescue Mission, Detroit Central City CMHC and United Sisters of Charity. Several meetings were held between representatives from both DDS and DSS and from each agency. Detroit Central City CMHC in conjunction with COTS was the only agency which agreed to participate in the Project on a trial basis. Planning/training meetings were held throughout May with June 19, 1986 (rescheduled by DCC from 6/5/86) set as the implementation or "first interview day." Once again, however, massive internal coordination problems arose at Detroit Central City; on June 17, 1986, the DDS learned that Detroit Central City would be unable to fulfill any of their Project responsibilities, specifically, they were unable to identify a sufficient number of applicants nor could they provide a current Psychiatric exam as they had previously agreed. As a result SSA withdrew from the Project and the Detroit Shelter Project came to an end.

The other agencies with which we met during this time expressed some concerns about being associated with a Government Agency which had been known for "taking away" benefits and one Agency wanted assurances that everyone would be allowed benefits. One agency decided against participating in the Project because they preferred to encourage productive work activities rather than Government benefit checks. Another Agency was concerned that once applicants were granted benefits, they would no longer frequent the facility and the facility would lose operating funds.

DDS Staff Time

Staff time for the entire project (2/85-9/86) is estimated at 200 hours. DDS staff involved in the Detroit Shelter Project included Robert Hurley, Area Administrator, Theresa Wulbrecht, Regional Manager and Carol Boshaw and Rick Spanke, Disability Examiners.

Summary and Recommendations

On 9/4/86 T. Wulbrecht made a second presentation to the Governor's Steering Committee on the Homeless on the results of the Detroit Shelter Project. Based upon information provided at the first presentation on 8/21/85 the Committee had recommended that the Project be continued/expanded to other shelters. After the second presentation select members of the Committee indicated that the lack of success of the Shelter Project was predictable but no one could offer a further explanation.

The Committee had no recommendations to revive the Shelter Project.

From the perspective of the 16 applicants who were serviced through the Project, the Detroit Shelter project was a success. From all other perspectives it was not. Accomplishments were minimal when weighed against staff time needed to achieve them. As mentioned earlier, the key to success in this Project depended primarily on the Shelter and its ability to fulfill its role and its responsibilities in a consistent manner. Without this commitment we were unable to have a cost effective project such as the one in New York upon which the Detroit Shelter Project was modeled.

It is important to note that the services offered through the Shelter Project still exist in the community for those individuals willing to contact one of the many Social Security Offices in the Detroit Area. Perhaps the best recommendation at this time (and one which would be most cost effective) would be an increased public relations/education awareness program directed toward Shelter staff.

Exhibit II

State of Michigan
Metropolitan Detroit Shelter Project

Fact Sheet

Who:	Department of Education and Department of Social Services and the Social Security Administration.
What:	Agreement between the above Departments and the Social Security Administration to provide an opportunity for homeless citizens living in shelters to apply for Social Security disability benefits.
Where:	The site is the service delivery system at a participating shelter.
When:	The homeless at each participating shelter will have an opportunity for the service 1 day every 5-6 weeks.
Why:	The objective of this arrangement is to provide benefits to those who qualify which can result in these citizens procurring permanent residency.
Target Population:	The homeless citizens of Metropolitan Detroit who utilize shelters. A conservative estimate determined by the administrators of the shelter sites estimate 10,000+ citizens. The Detroit Free Press reported 13,000 Metropolitan Detroit citizens in this category.
Impact:	It is anticipated that 400 applicants per year can be serviced in this way. It is conceivable that as many as 80% will be allowed Social Security disability benefits, or 320 per year. Over a 5 year period about 2,000 citizens would receive this service. An analysis by the Department of Social Service shows that the savings to the State of Michigan, based on 320 per year, could amount to slightly under 1 million per year or about 5 million over a 5 year period.

Exhibit III

ROLE AND RESPONSIBILITY OF THE DETROIT SHELTER PROJECT PARTICIPANTS

A. Department of Education - Disability Determination Service

-encourage implementation of the project
-schedule coordination meetings between participants
-provide overall coordination
-provide problem-solving techniques
-provide leadership

In addition to the above, the DDS must do the following:

-supply one experienced disability examiner and back-up. This examiner will be a member of the interview team at the shelter on the scheduled date of the interview which will occur no more than one day per week at several shelters in the area on a staggered basis. A professional dress-code is required for this assignment. The purpose is to develop trust and acceptance of authority (strongly recommended by the New York project). The examiner will interview the claimant after the 3368 is completed by the District Office representative. Also, review claimant symptoms, medicine taken and medical sources with the claimant. Further, s/he will schedule additional specialized examinations (other than psychiatric examinations) using existing Detroit Early Appointment Arrangements. The examiner will hand-carry the file back to the State Agency for intake procedures. These plus other cases will constitute the examiner's caseload.

-provide a C/E psychiatrist on-site who will do all psychiatric evaluations on the claimants at the shelter sites on the interview day as necessary.

-provide training to psychiatrist on documentation needs for the psychiatric interview.

B. Department of Social Services

-encourage implementation of the project
-schedule coordination meetings between participants
-provide overall coordination
-provide problem-solving techniques
-provide leadership

In addition to the above, it is necessary that the Department of Social Services provide the following:

1. The overall shelter project coordinator:

   The overall shelter project coordinator is a social worker who performs the following functions:

   a. ensure that each shelter will designate an on-site project coordinator who will provide the major coordination for the project at the shelter.
   b. develop calendar of interview dates at different shelters;

c. works with the shelter coordinator to ensure success of the project;
d. ensures each shelter coordinator submit names of proposed claimants, date of birth and SS number three days before shelter date of interview;
e. ensure that the applicants are screened by the shelter coordinator;
f. is available on-site during the scheduled interview date ensure coordination results;
g. ensure that the DEAP transportation problems are handled;
h. ensure that a current social survey is provided on all interviewees before the interview. Obtain medical and psychiatric records that the Department of Social Service has on the claimant before the interview;
i. provide the results of "b" to the psychiatrist on-site prior to the psychiatric interview; or to DDS examiners; and
j. provide feedback and training to the shelter staff to avoid problems encountered.

C. Social Security Administration

-encourage implementation of the project
-schedule coordination meetings between participants
-provide overall coordination
-provide problem-solving techniques
-provide leadership

In addition to the above, the Social Security Administration must do the following:

1. Assign a project coordinator for the Detroit project

2. Provide prior to interview date claimant history via computer, prior files, et cetera

3. Provide a FR/CR for the on-site interview

4. Resolve problems as they occur during scheduled interviews

5. Take current disability application, complete 3368 and all of the documentation necessary for taking a disability claim (date of interview at the shelter will be considered the application date)

6. Resolve capability problem if needed

D. Shelter Administration Responsibilities

-encourage implementation of the project
-schedule coordination meetings between participants
-provide overall coordination
-provide problem-solving techniques
-provide leadership

In addition to the above the shelter administration must do the following:

1. Provide names of proposed claimants, date of birth, and SS numbers three days before scheduled date of interview.
2. Provide DDS with a completed psycho-social survey report on clients referred.
3. Provide any medical evidence that is available, to DDS. This would include hospital records, outpatient notes and any psychiatric evaluations
4. Ensure interviewees are available on scheduled date of interview.
5. Ensure interviewees are clean and presentable.
6. Provide a private room for project participants on scheduled interview days.
7. Work out any necessary payee arrangements with S.S.A.

HOMELESS HEALTHCARE PROJECT
794-4982

March 23, 1990

Downriver Community Services, Inc., a Public 501 C3 Corporation which receives Section 340 and Section 330 Public Health Service Funds is a Community Health Center who's goal is to provide primary health care and ancillary health services to the medically underserved areas of North Macomb and South St. Clair counties. Additionally, we serve the special health care needs of the homeless in the entire Macomb and St. Clair County area.

Our Homeless Health Care Project has served the primary health needs of 3,868 homeless men, women and children, since its inception in January 1988. With the advent of the program many unnecessary visits to local Emergency rooms have been avoided.

The following is a synoposis of health care problems encountered by the project.

Hypertension is one of the most significant chronic diseases detected in the homeless population. Many clients are under the care of the homeless clinic for maintenance therapy. The acute diseases remain the upper respiratory, gastritis and vaginal infections.

We have seen a significant increase in insulin dependent diabetics and we continue to stress compliancy with specific care plans.

In the winter months several cases of chronic obstructive Pulmonary disease (COPD) were diagnosed and treatment has proven helpful for those who remain compliant.

For all infections this population needs constant reminders to complete their prescribed antibiotic therapy or their specific treatment program. Mothers of small children need continual reminders to update immunizations and instruction in proper nutrition and hygiene to prevent the commonly spread infections.

There has been a significant increase in clients who are considered "at risk" for Aids, and a noticeable increase in clients who are sero-positive.

Downriver Community Services has expanded its perinatal services to the New Haven Satellite and this will be very helpful in providing our homeless pregnant clients with early services and hopefully avoiding some complications of pregnancy.

In addition to the above we have found depression and substance abuse to be prevalent among the homeless population in our required service area.

As you can see it is crucial that this program and others like it continue to receive the funding required to adequately provide services to the homeless.

Submitted By:

Alice M. Johnson
Homeless Health Care
Program Director
Downriver Community Services, Inc.
329 Columbia
Algonac, MI 48001

United Way
of Monroe County, Inc.

P O Box 945
6 South Monroe St.
Monroe, Michigan 48161
Phone: (313) 242-1331

March 14, 1990

Ms. Cecelia Walker
Office of the Honorable Donald W. Riegle, Jr.
SD 105 Dirksen Building
Washington, D.C. 20510

Dear Cecelia:

Enclosed is the slide program that the Ad Hoc Committee of the Monroe County Housing/Homelessness Task Force is putting together in preparation to a presentation we will be making at the Monroe County Board of Commissioners meeting on Tuesday, April 10, 1990.

The information was gleaned from the Executive Report we prepared, and which I have also enclosed for your perusal. The recommendations have been modified to more clearly state the committee's wish to see a Blue Ribbon Committee established.

Bob Lepsig and I will be attending the meeting you will be having on the 26th of March.

We shall be looking forward to seeing you there. If you have any questions, please do not hesitate to contact me.

Sincerely,

C. D. "Al" Cappuccilli
Executive Director

CDC:ef

Enclosure

HOUSING/HOMELESSNESS SLIDE PRESENTATION OUTLINE

Organization

- Established in January 1988
- Community Leaders Representing:
    - Government Agencies
    - Education
    - Religious Organizations
    - Consumer Groups
    - Public/Private Human Service Organizations

Establishment of Purpose/Goals

- Increase Awareness of Issue Among Policy Makers, Both Public and Private Sectors.
- Provide a Better Understanding of the Homelessness/Housing Problem Through:
    - Clearer Definition
    - Extent of the Problem
    - Data Collection and Profile of Issue
    - Identify Resources
- Present Report and Recommendations to Policy and Decision-Makers in Monroe County.

Findings/Conclusions

- Monroe County Does Not Have a Major Homelessness Problem in the Sense of People Being Out in the Streets Without a Place to Sleep.

- The Homeless in Monroe County are a Heterogeneous Group Comprised of Many Sub-Populations. Included Are:
    - Individuals From All Races/Age Groups
    - Families: Including Single-Parent, Two-Parent, and Step-Parent
    - Victims of Domestic Violence
    - Individuals/Families Moving From One Relative/Friend to Another
    - Men/Women, Disenfranchised for One Reason or Another; i.e., Drug Abuse, Alcoholism, Mental Health Problems
    - Runaway Youths, or have been "Thrown Away" by Parents
    - The Unemployed, Underemployed, and the Employed

- A Few Local Statistics:
    - From January to December 1989, a combined Total of Over Housing/Homelessness Cases Were Processed by Local Private and Public Agencies
    - As Much as 70% of Income is Expended on Rent by Low-Income Persons

(4 to 5 Shots)

- In Michigan, The Highest Possible AFDC Shelter Allowance is Only 45% of the Fair Market Value
- Decreases in Federal/State Support of Social/Human Service Programs Affect Welfare Clients. . .Most Particularly, the Female Single-Parent Families.
- In a Recent Michigan Study, Nearly One-Third of Sampled Sheltered Residents Reported Were Evicted From Their Last Residence

o Effects: Locally, the Effects of Housing and Homelessness are Numerous and Varied. The Task Forces' Data and Research Have Found That:

1. Children Are Disproportionately Affected and Most at Risk in Homeless Population
2. Children Moved From School-To-School Are Liable to Increased Levels of Anxiety and/or Depression, Interfering With Learning Abilities.
3. Forty-Three Percent of Homeless Children Have Failed a Grade
4. Twenty-Three Percent were in Special Education
5. Feelings of Low Self Esteem/Inability to Compete In the Job Market

Additional Observations:

o Data Suggests That the Combined Effects of Homelessness and Poverty, Violence and Deprivation, Have Contributed to Continuing the Cycle of Poverty, Family Breakdown, and Homelessness.

o There are many Federal, State and Local Programs Aimed at Providing Resources to Address the Needs of Persons Desiring Low/Moderate Income Housing. These Programs, However, Appear to be Uncoordinated, Complicated and Confusing.

o Federal, State and Local Resources are not Mobilized on a Coordinated Basis in Conjunction with Private Resources to Address the Problem.

o Most all of the Housing Commissions/Committees Located Throughout the County Work Independent of one Another.

o Government Resources Alone Have Proven Inadequate in Addressing the Issue.

o Private Resources/Involvement is Needed to Address The Issue.

SLIDE 13

Recommendations:

- Establish Blue Ribbon Committee with County-Wide Authority To Assist in the Development of a Plan That Would Include the Existing Housing Authorities Located Throughout the County to Oversee the Coordination of Housing Activities in the Area.
  - > Employment of a Person(s) to Seek Out and Secure Federal and State Dollars to Help Fund Scattered Low/Moderate Income Housing Units.
  - > Develop a Comprehensive Plan that Would Add 1,000 New and Rehabilitated Units in the County Over the Next Five Years.
  - > Efforts made by the Blue Ribbon Committee to Establish Partnerships Between Public and Private Resources to Address the Low/Moderate Income Housing Needs of the County.
  - > Maintain Strong Communication Between Federal and State Legislators, and Housing Administrators.

STATE OF MICHIGAN

JAMES J. BLANCHARD, Governor
DEPARTMENT OF SOCIAL SERVICES
300 South Capitol Avenue, P.O. Box 30037, Lansing, Michigan 48909
C. PATRICK BABCOCK, Director

February 9, 1990

Wendy Adler
National Governor's Association
Hall of the States
444 N. Capitol St. Suite 250
Washington, D.C. 20001-1572

Dear Ms. Adler:

In response to your request, I am forwarding to you recommended changes to the McKinney Homeless Assistance Act. While we recognize that the 1990 regulations have included many modifications to program criteria, the following would still help to improve an applicant's eligibility or this state's administration of these funds.

1. Coordination of Services

Coordination of services on a state or local level continue to be difficult if not impossible. This is due to the fact that funding flows directly to different state agencies, local governments, and service providers. Since the McKinney Act involves as many as seven different federal agencies with corresponding revenue streams or eligibility criteria, states and local governments are confused as to the many requirements, deadlines, and application procedures for the Act's various programs. Further, no single agency receives complete and accurate information regarding the awarding of funds. A centralized mechanism is necessary to receive such information and to communicate timely and consistent information. It would also ensure appropriate coordination and delivery of homeless services - necessary for effective planning purposes.

2. Comprehensive Homeless Assistance Plan (CHAP)

Current law requires each participating jurisdiction to submit a CHAP. However, the decision to fund certain activities is often decided by HUD rather than the state or local unit of government. Further, grants that are awarded by national competition frequently undermine the efforts of nonprofits, states and local governments to work together in cooperation.

States and localities need incentives to develop comprehensive and multi-year strategies when addressing the issue of homelessness. One incentive might be to let states and localities determine the allocation of assistance for all activities. Another might be to award through national competition those programs that demonstrate exceptional and innovative approaches in serving the homeless.

It should also be noted the 1990 CHAP requirements increase the burden on states as they prepare and submit a Comprehensive Plan. To develop the expected level of detail that is now being required necessitates administrative funding for the states.

3. Implementation Dates

For permanent and transitional housing, the 60 day application due date following the NOF is an insufficient time frame. Nonprofits find it difficult to develop a reasonably acceptable application in this amount of time. A 90 day due date should not be viewed by Congress as an attempt to delay the process, but rather allows for the development of a more thorough and complete application. It would also be helpful if nonprofits could obtain an application from major city governments or from state agencies rather than from Washington, since this represents a delay when nonprofits wish to review or complete an application.

4. Allocation of Resources

Annual appropriations for the various McKinney Act programs should be committed well in advance to allow for states and local agencies to do effective planning. Notification of a firm and definite level of funding on a timely and consistent basis is necessary to allow for proper fiscal operation in a nonprofit organization. Without future commitment, states that manage programs such as ESG often resort to making payments at defined intervals throughout the program year. This procedure allows for the misconception that funding is not needed by the nonprofit if it is not spent rapidly or in a predetermined time frame.

Shifts in appropriation levels also prevent development of a coordinated and continuing approach to homelessness. This is evident by the frustration service providers have when they attempt to develop long range plans that go beyond temporary shelter (such as transitional or permanent housing), but find funding levels too variable. It would also be helpful if resources were allocated in a predictable manner such as a formula that takes into account regional incidences of homelessness.

5. AIDS

AIDS is not recognized as a permanent disability under eligibility criteria for the Permanent Housing for the Handicapped Program. As a result, we see this population group continuing to be at a disadvantage, since satisfactory housing options are not readily available.

6. Substance Abuse

While the Transitional Housing Program permits substance abuse counseling as an allowable cost, it is now recognized that counseling alone is not sufficient, and that it is necessary to provide funding for treatment. For many of the homeless who require transitional housing, a long-term treatment program is absolutely critical. Given the current shortage of substance abuse treatment

space in both residential and day treatment facilities, it is necessary to target substance abuse treatment to the homeless. Currently there is a growing need to keep homeless women and children intact when overcoming chemical dependency. This is very evident in the City of Detroit, where in 1985 the ratio of women versus men who requested substance abuse treatment was only 8 to 1. For the 1990's, this ratio is predicted to be an alarming 1 to 1.
Long term-treatment is also necessary for those who are in the dually-diagnosed population group suffering from mental disabilities and substance abuse.

7. Site Control

HUD will consider the extent to which an applicant has control of its site and award points accordingly. However, we would support further leniency so that an applicant may be able to prove site control in a specific amount of time after an application is awarded rather than prior to submitting the application.

8. Interagency Council

We concur that the Interagency Council should provide expedient information regarding the awarding of McKinney funds in state and local jurisdictions, and perform other activities that support a unified data collection system. In order to be effective, this information must be communicated directly to a single coordinating agency, preferable on the state level.

9. Technical Service Training

Many direct service providers of the homeless and other nonprofit agencies lack expertise in grant application procedures. This is compounded by the complex application for all McKinney grant programs. We believe that the Interagency Council should provide technical service training to assist these applicant groups.

10. Transitional Housing

In many instances a homeless individual is not prepared to live independently after staying in a shelter for only 30 days or less. Situations that preclude independent living are varied and complex, but frequently revolve around the need for job training or substance abuse treatment. Other factors such as transportation or the need for day care may represent additional barriers. Clearly many individuals are not ready for a life independent of support systems. As a result, many individuals leave a homeless shelter only to check into another shelter or to return again in a short period of time. In order to break this "revolving door" cycle, it is important that homeless individuals are able to access and obtain the support services offered through the transitional housing arrangement. Currently funding for transitional housing under the Supportive Housing Program is made available through a nationwide competitive grant. Due to the urgency and need for transitional housing, it is recommended that funding for this program be more accessible and available to cities and counties, perhaps through a different formula allocation such as that found under ESG.

Thank you for this opportunity to provide feedback regarding suggested improvements in the distribution of McKinney Act funds. It should be noted that in Michigan, many service providers, both public and private, have united to form broad based coalitions that address the needs of homeless individuals. The Michigan Department of Social Services is part of this effort. One function of such coalitions is to seek and obtain funding possibilities, of which the McKinney Act is a major resource.

If you should have any questions or need additional information, please do not hesitate to call.

Sincerely,

Libby Richards

Libby Richards, Director
Bureau of Legislative and Community Affairs

cc C. Patrick Babcock

STATE OF MICHIGAN

JAMES J. BLANCHARD, Governor
DEPARTMENT OF SOCIAL SERVICES
300 South Capitol Avenue, P.O. Box 30037, Lansing, Michigan 48909
C. PATRICK BABCOCK, Director

April 6, 1990

The Honorable Donald W. Riegle
United States Senate
105 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Senator Riegle:

As Director of the Michigan Department of Social Services, I would like to offer the following testimony to the Senate Banking, Housing and Urban Affairs Committee as they begin to take action on the National Affordable Housing Act (S. 566). I commend your leadership as Chairman of the Committee in holding 26 hearings throughout the state to learn how serious and complex the problem of homelessness is and how critical a role affordable housing plays in addressing the needs of the state's growing homeless population.

The Department of Social Services is concerned about the quality of low income housing, and its affordability to those who are on public assistance. Michigan State Housing Authority's guidelines do not reach deep enough for very low income people to take advantage of the various lending and grant programs. Further, fiscal restraints do not allow the state to raise the amount given for shelter allowance in public assistance grants. As a result, we must look for other solutions that increase housing options. I would therefore like to take this opportunity to inform you of these efforts, and how a National Affordable Housing Act could make our actions more effective.

1. Prevention

This Department is strongly committed to the prevention aspect when addressing the homeless issue. This can be seen in our use of the Emergency Needs Program, and how payments under this program are used to pay arrearage rent, foreclosures, delinquent taxes, etc. that otherwise would force a person out of his or her home. Payment is also made available for repairs to a home, to meet a particular housing need, or to meet any emergency situation that threatens an individual's living situation. While these federal and state dollars are used to intervene at the point of an emergency or housing crises, it is only a short term response to what is frequently a repeated need. In order to provide a long term or more permanent relief, such payments need to be incorporated into an overall housing strategy from which HOP distributions will be made.

2. Department of Social Services Programs

This Department has taken great initiative in examining the quality of housing, and in developing model programs that respond to this issue. We have examined the degree to which a maximum enforceable housing standard would significantly affect the cost and quality of housing. We have also developed programs by which the issuance of direct rental payments to landlords insures that the housing unit meets local code. However, support is needed to assist us in our efforts to address the quality of housing, and to encourage landlords and homeowners alike to maintain the best quality of housing that is possible.

The Department further addresses low income housing by offering opportunity for home ownership to low income and public assistance recipients. Our Lease Purchase Plan (LPP) allows recipients an opportunity to lease their homes with an option to purchase within the applicable monthly shelter allowance. Our HOPE program (Housing Opportunities Providing Equity) allows nonprofit agencies access to special state funds in order to acquire and rehabilitate homes. These homes are then leased to public assistance recipients with an option to purchase. Lastly, the Emergency Housing Apartment Program (EHAP) allows us to maximize federal emergency assistance dollars and increase low income housing units every time a homeless person is sheltered. Again, our state efforts to fund such innovative approaches and programs will need the assistance that will be provided through the HOME Corporation.

Another one of our Department's housing initiatives was referenced at the Detroit hearing on March 26, 1990 when Mrs. Sherry Brantley relayed her experience of staying in a shelter "foster care" home in Eaton County. This program of using private homes to shelter those who are in an emergency situation has worked successfully in a rural area where there is not an established homeless shelter. Our experience with this model underscores the need for S. 566 to take into consideration that affordable housing and emergency shelter strategies need to be sensitive to local community needs - particularly in the rural areas.

3. The Role of the Non-Profit Organization

Our reliance on nonprofit organizations to meet the low income housing challenge has increased in recent years. As a result, it is essential that measures such as mortgage revenue bonds, low interest loans and tax credits for low income housing be used to stimulate builders, investors and mortgage lenders in meeting this need. Our efforts to include nonprofits in accessing state and federal funds is often undermined by the lack of low interest loans for both rehabilitation and eventual homeownership for low income individuals. Without an increase in subsidized loans or Section 8 vouchers, it is likely that our efforts will stagnate not for a lack of interest on the part of the nonprofit housing agency, but because it simply is not achievable without federal support.

Also attached is a copy of recommendations the Department of Social Services has submitted to the National Governors' Association regarding the section in S. 566 on the McKinney Homeless Assistance Act. I urge you to consider the Governors' recommended changes, as they will greatly enhance the ability to utilize the funds in this Act more effectively. Further, these changes are needed to maximize the operations of homeless shelter providers and the services they can provide.

The Honorable Donald W. Riegle
April 6, 1990
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Thank you again for this opportunity to share this information with you and members of the Committee. If there is additional information or assistance that DSS can share with the Committee, please contact Libby Richards at (517) 335-4727.

Sincerely,

C. Patrick Babcock

cc Governor James J. Blanchard

HAVEN
Help Against Violent Encounters Now
Oakland County's Program for Victims of Domestic Violence and Sexual Abuse
92 W[illegible]more St Pontiac MI 48058 Business Phone 313 334-1284 Crisis Line 313 334-1274

April 2, 1990

Donald W. Riegle, Jr.
1850 McNamara Federal Building
477 Michigan
Detroit, MI 48226

Dear Mr. Riegle:

I want to thank you for keeping us informed of the activities of the Senate Banking, Housing and Urban Affairs Committee and for your attention to the issues of the homeless.

Though we were unable to attend the hearing scheduled for March 26, I would like to share with you some of our concerns regarding the problems of the homeless as they relate to our clients.

Money that is allocated to the care of the homeless needs to include funding for counseling in the guidelines of that allocation. Without adequate counseling, the cycle of the homeless will be perpetuated. We believe that, with appropriate support services, these people can regain control of their lives.

Our experience at Haven indicates that funding also often does not allow for the ongoing expenses that keep a shelter open. Though new facilities will undoubtedly be part of solving the homeless problem, the existing shelters need to have the means to continue caring for the people who seek their aid.

I hope that you will take these suggestions into consideration when you review the federal programs designed to help the homeless. I would be most interested in the evaluations and conclusions your Committee reaches. Again, thank you for considering our input toward the solution of the homeless problem.

Whenever you are scheduled to be in Pontiac, please call Joyce Wright or myself. Either of us would be happy to give you a tour of Haven at your convenience.

Sincerely,

Debi Cain

Debi Cain
Executive Director

HAVEN is affiliated with United Way Pontiac-North Oakland, United Foundation and Parents United